

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000119038

1. Corporation Name

ENDOSCOPY SOLUTIONS, INC.

Principal Place of Business

1165 FAIRFAX LANE
WESTON FL 33326

Mailing Address

1165 FAIRFAX LANE
WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2002

5. FEI Number

42-1558253

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT

03-04

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MASON, MICHAEL	1165 FAIRFAX LANE	WESTON FL 33326

700038317687
06/28/04--01050--009 **300.00

8. Name and Address of Current Registered Agent

MASON, MICHAEL
1165 FAIRFAX LANE
WESTON FL 33326

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Mike Mason

REGISTERED AGENT MUST SIGN

Date

6/24/04

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Mike Mason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/04

Daytime Phone #

CR2E040 (7/03)

ENDOSCOPY SOLUTIONS, INC.
1165 FAIRFAX LANE
WESTON, FL 33326

June 23, 2004

Secretary of State
409 East Gaines St.
Tallahassee, FL 32399

RE: Corporate Reinstatement
Ref Number: P02000119038

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement for Endoscopy Solutions, Inc.
reference number P02000119038 along with a payment of \$300.00 and a request for the
abatement of all penalties incurred.

We did not receive the original notice of the Annual Report filing or any subsequent
notices. We are, therefore, submitting the Reinstatement with a written request to abate
the penalties.

If you should have any questions, please contact us at:

Michael Mason
Endoscopy Solutions, Inc.
1165 Fairfax Lane
Weston, FL 33326

Sincerely,



Michael Mason
Endoscopy Solutions, Inc.

Enclosures