

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN -4 P 2: 27

SECRETARY OF STATE
DIVISION OF CORPORATIONS

800156792388

06/04/09--01037--007 **600.00

CR2E081 (12/08)

DOCUMENT # P04000017040

1. Corporation Name

CARDIOSTAT USA, INC

2. Principal Office Address - No P.O. Box #

4302 ALTON ROAD

Suite, Apt. #, etc.

105

City & State

MIAMI BEACH, FL

Zip

33140

Country

U.S.

3. Mailing Office Address

4302 ALTON ROAD

Suite, Apt. #, etc.

105

City & State

MIAMI BEACH, FL

Zip

33140

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/04

5. FEI Number
20-0654696

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDRE PASTERNAK

Street Address (P.O. Box Number is Not Acceptable)
4302 ALTON ROAD

Suite, Apt. #, Etc.

105

City

MIAMI BEACH

State

FL

Zip Code

33140

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

ANDRE PASTERNAK M.D.

Date

05/28/2009

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------|
| P | ANDRE PASTERNAK | 9801 COLLINS AVE UNIT 7G | BAL HARBOUR, FL 33154 |
| | | | |
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REINSTATEMENT

06-09
9/8

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE PASTERNAK M.D.

Date

05/28/2009

Daytime Phone #

5616443999