

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 18 AM 7:43

DOCUMENT # P04000081024

1. Corporation Name

ACUSCAN TECHNOLOGIES, INC.

400098022044
04/23/07--01047--018 **450.00

REINSTATEMENT

05-07

CR2E081 (1/07)

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

3511 West Commercial Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

City & State

Zip

33309

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

May 24, 2004

5. FEI Number

04-3792517

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

LES McCORD, President

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

3511 West Commercial Boulevard

Suite, Apt. #, Etc.

301

City

Fort Lauderdale

State

FL

Zip Code

33309

☒ 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

LES McCORD Pres

Les McCord, President

Date

4/16/2007

REGISTERED AGENT MUST SIGN

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
DPST	LES McCORD	3511 West Commerical Blvd Suite 301	Fort Lauderdale, Fl. 33309

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:

LES McCORD Pres

LES MCCORD, President

4/16/2007

(954) 721-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #