

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB 13 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000131829

1. Corporation Name

CLARK Innovative Medical, Inc.

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

13961 SandHill

Suite, Apt. #, etc.

Crane Drive South

City & State

JACKSONVILLE, FL.

Zip

32224

Country

US

3. Mailing Office Address

13961 SandHill

Suite, Apt. #, etc.

Crane Drive South

City & State

JACKSONVILLE, FL.

Zip

32224

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09-15-2004

5. FEI Number

753146134

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KENNETH E. Clark

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

13961 SandHill Crane Drive South

Suite, Apt. #, Etc.

NA

City

JACKSONVILLE

State

FL

Zip Code

32224

☒ 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. My Accountant Did + I did not receive ANY NOTICES. (REG)

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

Kenneth E. Clark

REGISTERED AGENT MUST SIGN

Date 02-06-2008

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
<u>P/O</u>	<u>CLARK, KENNETH E</u>	<u>13961 SandHill Crane Drive South</u>	<u>JACKSONVILLE, FL 32224</u>

100117962551
02/13/08--01028--015 **450.00

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.

KENNETH E. Clark

SIGNATURE:

Kenneth E. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-2008 (904)314-3029

Date

Daytime Phone #