

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 APR 18 PM 2:15

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000152904

1. Corporation Name

Cardio Medical, Inc.

REINSTATEMENT

CR2E081 (1/07)

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

17841 Lake Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

17841 Lake Avenue

Suite, Apt. #, etc.

City & State

Lakewood, Ohio

Zip

44107

Country

USA

City & State

Lakewood, Ohio

Zip

44107

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/04

5. FEI Number

34-1894106

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

Ann Constance

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

2032 Tarpon Bay Drive

Suite, Apt. #, Etc.

#101

City

Naples

State

FL

Zip Code

34119

☒ 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

Ann Constance Paras
REGISTERED AGENT MUST SIGN

Date

4/2/07

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	Peter Paras	17841 Lake Avenue	Lakewood, Ohio 44107
S	Peter Paras	17841 Lake Avenue	Lakewood, Ohio 44107
TR	Peter Paras	17841 Lake Avenue	Lakewood, Ohio 44107

300098565859
04/26/07--01007--009 **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.

SIGNATURE:

Peter Paras

Peter Paras, President

4/2/07

1/440/478/0825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

MCDERMOTT & MCDERMOTT CO., L.P.A.

**ATTORNEYS AT LAW
ROCKY RIVER PROFESSIONAL ARTS BLDG.
21851 CENTER RIDGE ROAD
ROCKY RIVER, OHIO 44116**

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April 2, 2007

Department of State
Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32314

Re: Cardio Medical, Inc.

Gentlemen:

The undersigned represents the captioned Florida corporation and its President, Pater Paras. Your website states that this corporation was administratively dissolved on 9/16/05 for failure to file an annual report and pay the required fees.

My client, Peter Paras, has stated to me that he never received any notices from the Division requiring the filing of an annual report and payment of the fees.

Enclosed is a Corporation Reinstatement form signed by Peter Paras, as President and signed by Ann Constance, the new registered agent. Also enclosed is my client's check in the amount of \$450.00 payable to the Florida Department of Revenue in payment of the fees for 2005, 2006 and 2007.

I am requesting that this Corporation be reinstated with your Division. Should you require further information or documentation, please contact the undersigned. Thanking you for your assistance, I am

Very truly yours,


JOHN M. MCDERMOTT

JMM/mm
Encls.