

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JAN 17 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000161821**

1. Corporation Name

**Healthtronics Healing Technologies, INC.**

2. Principal Office Address

**3201 Griffin Road**

Suite, Apt. #, etc.

**206**

City & State

**Ft. Lauderdale, Florida**

Zip  
**33312**

Country  
**USA**

3. Mailing Office Address

**3201 Griffin Road**

Suite, Apt. #, etc.

**206**

City & State

**Ft. Lauderdale, Florida**

Zip  
**33312**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/01/2004**

5. FEI Number

**20-2050293**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 05-07**

**7. Name and Address of Current Registered Agent**

Name

**Stewart Holzkenner**

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

**3851 West Oakland Park Blvd.**

Suite, Apt. #, Etc.

City

**Lauderdale Lakes**

State

**FL**

Zip Code

**33311**

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

*Stewart Holzkenner*

REGISTERED AGENT MUST SIGN

Date **01/10/2007**

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	Arthur Eckstein	3201 Griffin Road Suite 206	Ft. Lauderdale, FL 33312
VP	Stewart Holzkenner	3851 W Oakland Park Blvd.	Lauderdale Lakes, FL 33311

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

**Stewart Holzkenner**

**01/10/2007**

Date

**(954) 792-6940**

Daytime Phone #

2052

***Healthtronics Healing Technologies, INC.***

***3201 Griffin Road Suite 206  
Ft. Lauderdale, Florida 33312  
(954) 792-6940***

Re: Document Number P04000161821

To Whom It May Concern:

We did not receive the annual report notices for the year 2005.  
We ask to waive the reinstatement fee.

Sincerely,

Stewart Holzkenner