

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000032485

1. Entity Name

CALLARI MEDICAL PRODUCTS, INC.



FILED

2008 MAY -9 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08

Principal Place of Business

1247 SOUTHEAST 13TH TERRACE
FORT LAUDERDALE, FL 33316

Mailing Address

1247 SOUTHEAST 13TH TERRACE
FORT LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

55-0891735

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name

Mary B. Callari

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

1247 SE 13 Terrace

City

Fort Lauderdale

FL

Zip Code

33316

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

5/5/08

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	CALLARI, MARY B	
STREET ADDRESS	1247 SOUTHEAST 13TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CALLARI, MARY B	
STREET ADDRESS	1247 SOUTHEAST 13TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500119992605
CITY-ST-ZIP	03/11/08--01027--012 **900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

3/6/2008

954-494-1086

3. MARCH MAY 9 2008