PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | I FILED |
|--|---|---|
| CORPORATION | FLORIDA DEPARTMENT OF STATE | , , , , , |
| REINSTATEMENT | Secretary of State | 09 AUG 13 AM 5: 20 |
| Too ut | | SECRETARY OF STATE |
| DOCUMENT # PO600 | 00154375 | TALLAHASSEE, FLORIDA |
| 1. Corporation Name Vital Systems Enterprise, Inc. | | 500159562825 |
| VITAL SYSTEMS I | Enterprise, 4.2. | 500159562825 08/13/0901035011 **1050.00 |
| | | |
| 8 | 3. Mailing Office Address | |
| 2. Principal Office Address - No P.O. Box # 4210 BOSEV BIVD | 4210 BOGEY BIVD. | CR2E081 (12/08) |
| Suite, Apt. *, etc. | Suite, Apt. #, etc. | |
| | | 4. Date Incorporated or Qualified To Do Business in Florida |
| City & State | City & State | 5. FEI Number Applied For |
| SEBRING F/ | SEBRING FI | 27-0720847 Not Applicable 6. S875 Additional Fee Applica |
| 33872 USA | 33872 USA | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address o | Current Registered Agent / V. Copicia Sa | ad Ilis |
| ROBERT E. LIVINGSTON P.A. | | ☐ The reinstatement fee is imposed, except in |
| Street Address (P.O. Box Number is Not Acceptable) | | circumstances which the entity did not receive the prior notices. By checking this box, you |
| 445 SOUTH COMMERCE AVE. Suite, Apt. *, Etc. | | are certifying the prior notices were not received and requesting the reinstatement |
| City State Zip Code | | fee be waived. |
| SEBRING | | |
| 8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. | | |
| Signature of Registered Agent Date 8-12-09 | | |
| RI | EGISTERED AGENT MUST SIGN | |
| 1 | d/or Director (Florida nonprofit corporations must list at le | |
| Titles Name of Officers and/or Directors | Street Address of Eac Officer and/or Directo | City / State / Zip |
| PRES VICTORIA / S | PARKS 4210 BOGEN | BIVD. SEBZING, Fl. |
| | 77,3 | 33872 |
| | | |
| | | |
| REINST | CATEMENT R | |
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| | | |
| 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 filling 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. | | |
| 012 00 200 001 0101 | | |
| SIGNATURE: 8-12-09 305-934-8691 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone # | | |