

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36522

1. Corporation Name

INTELLIMED INTERNATIONAL CORPORATION

Principal Place of Business

1528 E MISSOURI AVE
SUITE #100
PHOENIX AZ 85014
US

Mailing Address

1528 E MISSOURI AVE
SUITE #100
PHOENIX AZ 85014
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1991

5. FEI Number

86-0694560

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PICKERING, ROBERT L., II	1825 E. NORTHERN AVE #175	PHOENIX AZ
S	PICKERING, TIMOTHY J.	1825 E. NORTHERN AVE #175	PHOENIX AZ
T	PICKERING, DENNIS R	1825 E. NORTHERN AVE. #175	PHEONIX AZ
			200003480892--5 -11/30/00--01023--015 ****750.00 ****750.00

REINSTATEMENT DD TS

8. Name and Address of Current Registered Agent

HUTCHINSON, LORI
223 PARK AVE. #2
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
Suite, Apt. #, Etc.
City Plantation State FL Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: SIGNATURE REQUIRED
Candice Maerz, Asst. Secy. REGISTERED AGENT MUST SIGN

Date 10/16/00

11. 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 under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2000 602-330-0353
Date Daytime Phone #