

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 10 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005814**

1. Corporation Name
ULTRASOUND BUSINESS SERVICES, INC.

2. Principal Office Address
5001 9th AVE North

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FLORIDA

Zip Country
33710 PINELLAS

3. Mailing Office Address
10460 ROOSEVELT Blvd

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FLORIDA

Zip Country
33716 PINELLAS

REINSTATEMENT

95.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3160183

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
JOAN BOARIU

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

718 CATTAIL CT NE

Suite, Apt. #, Etc.

City
ST. PETERSBURG

State Zip Code
FL 33703

700003280447-1
-06/07/00--01034--019
*****1500.00 ***1500.00**

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
[Signature]
REGISTERED AGENT MUST SIGN

Date **05/04/2000**

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
President	JOAN BOARIU	718 CATTAIL CT NE	ST Petersburg FL 33703

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 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]** **JOAN BOARIU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/2000 (727) 321-5353
Date Daytime Phone #

CR2E081 (9/99)