

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL -9 AM 9:48

DOCUMENT # P94000069498

1. Corporation Name

SONOMED MEDICAL SERVICES, INC.

Principal Place of Business

Mailing Address

11401 NW 24TH ST
PLANTATION FL 33323
US

PO BOX 450774
SUNRISE FL 33347-0774
US



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

2. New Principal Office Address, If Applicable

1980 N. Atlantic Ave.

Suite, Apt. #, etc.

Suite 430

City & State

Cocoa Beach FL

Zip

32931

Country

U.S.

3. New Mailing Office Address, If Applicable

1980 N. Atlantic Ave

Suite, Apt. #, etc.

Suite 430

City & State

Cocoa Beach FL

Zip

32931

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1994

5. FEI Number

65-0520910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BARUOLT, DAVID W. (Delete)	11401 NW 24TH ST.	PLANTATION FL
PD	Smith, William A	1980 N. Atlantic Ave #430	Cocoa Beach FL 32931

REINSTATEMENT

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****958.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEORGE, JOHN G
315 SE SEVENTH ST
SUITE 200
FT LAUDERDALE FL 33301

Name

Smith, William A

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

1980 N Atlantic Ave

Suite, Apt. #, Etc.

Suite 430

City

Cocoa Beach

State

FL

Zip Code

32931

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

Wm A. Smith
REGISTERED AGENT MUST SIGN

Date 5-20-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEL JUL 9 1997

Date

Daytime Phone #

CR2040 (7/96)