PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FIFD FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 96 DEC 10 AM 9: 47 DOCUMENT # P95000058012 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name NOVA MEDICAL CORPORATION Fancipal Place of Business Mailing Address 1991-8.W. 2ND COURT 4331_S.W._2ND-GOURT-PLANTATION FL 33317 PLANTATION FL 00017 REINSTATEMENT $Q_{oldsymbol{\ell}}$ 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 Date Incorporated or Qualified To Do Business in Florida 07/25/1995 5. FEI Number Applied For Not Applicable \$8.75 Additional Fee require for a Certificate of Status CERTIFICATE OF STATUS DESIRED T 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip Đ LEWIS, GREGORY J 4331-S.W.-COURT 300002027813--8 -12/12/96-01095-011 ****383.75 ****383.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered A LEWIS, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 3730 N.W. 16th Street -4331-S.W. 2ND COURT PLANTATION FL 96317 Lauderdale 10. I, being appointed the registered agent of the growth named corporation, am familiar with and accept the obligations ction 607 0505 E.S. Signature of Brussered Agent 12.6.96 Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. I cardify 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 817,0401, F.S., that all fees ewed 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 eath,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

. 0081881 A

Daytime Phone