

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

03 JUL 14 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000065761

1. Corporation Name

ENDOSCOPY UNLIMITED INC.

700021520347
07/14/03--01074--007 **908.75

2. Principal Office Address
1860 NW 107 terrace
Suite, Apt. #, etc.

3. Mailing Office Address
1860 NW 107 terrace
Suite, Apt. #, etc.

City & State
Plantation, FL
Zip 33322
Country Broward

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Plantation, FL
Zip 33322
Country Broward

4. Date Incorporated or Qualified
To Do Business in Florida 08-05-96

5. FEI Number 65-0687617
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
Julia Halmagyi
Street Address (P.O. Box Number is Not Acceptable)
1860 NW 107 terrace
Suite, Apt. #, Etc.
City
Plantation
State FL
Zip Code 33322

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 Date July 11, 2003
REGISTERED AGENT MUST SIGN

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	Levente L. Halmagyi	1860 NW 107 terr.	Plantation, FL 33322
Vice Pres.	Julia Halmagyi	1860 NW 107 terr	Plantation, FL 33322

REINSTATEMENT 10-03-03

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: JULIA HALMAGYI 7-11-2003 (954)370-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)