

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 APR 21 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 88140

1. Corporation Name
Analyzer Medical International, Inc.
1575 Aviation Center Parkway
Suite 406
Daytona Beach, FL 32114

2. Principal Office Address
SAME
1575 Aviation Center Pkwy. SAME

3. Mailing Office Address
SAME
SAME

Suite, Apt. #, etc.
Suite 406

Suite, Apt. #, etc.
SAME

City & State
Daytona Beach

City & State
SAME

Zip
32114

Country
USA

Zip
SAME

Country
SAME

4. Date Incorporated or Qualified To Do Business in Florida
March, 1995

5. FEI Number
59-3446975

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
G. Curtis Ridgard
Street Address (P.O. Box Number is Not Acceptable)
1575 Aviation Center Parkway
Suite, Apt. #, Etc.
Suite 406
City
Daytona Beach
State
FL
Zip Code
32114

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 *G. Curtis Ridgard* Date 03-08-00
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 |
|---------|-----------------------------------|--|-------------------------|
| Officer | Laikhunnisa Aziz | 1400 S. Nova Rd., #342 | Daytona Beach, FL 32114 |
| Pres. | G. Curtis Ridgard | P.O. Box 10679 | Daytona Beach, FL 32120 |
| | | | |
| | | | |
| | | | |

99-00AR

10. I certify that I am an officer or director of 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: *G. Curtis Ridgard* G. Curtis Ridgard 3/8/00 904-258-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)