

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 6:38

DOCUMENT # P97000037246

1. Corporation Name

FACTORY AUTHORIZED MEDICAL SCOPE REPAIRS, INC.

Principal Place of Business

2855-B WEST MCNAB ROAD  
POMPANO BEACH FL 33069

Mailing Address

2855-B WEST MCNAB ROAD  
POMPANO BEACH FL 33069



REINSTATEMENT 01

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1997

Suite, Apt. #, etc.  
2859 W. McNab Rd.  
City & State

Suite, Apt. #, etc.  
2859 W. McNab Rd.  
City & State

5. FEI Number

59-3198089

Applied For

Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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	4 City / State / Zip
STD	AURAN, MITCHELL D	801 N. ATLANTIC DR	LANTURA FL 33462 Delete
PD	TRANK, JEFFREY H	637 N.W. 12TH AVE. 2859 W. McNab Rd.	DEERFIELD BEACH FL 33442 Pompano Beach, FL 33069
D	WELBES, TIMOTHY	11295 W. ATLANTIC BLVD, SUITE 20	CORAL SPRINGS FL 33071
D	TRANK, RICHARD L	637 N.W. 12TH AVE. 2859 W. McNab Rd.	DEERFIELD BEACH FL 33442 Pompano Beach, FL 33069
000004679020-5 -11/14/01--01077--004 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

TRANK, JEFF  
2855B WEST MCNAB ROAD  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name  
Nicole Duncanson  
Street Address (P.O. Box Number is Not Acceptable)  
2859 W. McNab Rd.  
Suite, Apt. #, Etc.  
City  
Pompano Beach  
State  
FL  
Zip Code  
33069

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/19/01

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY TRANK 10/19/01 (954) 884-1844

Date

Daytime Phone #