

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

JUN 22 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **997000072914**

1. Corporation Name

**Dolphin Medical Technologies, Inc.**

Principal Place of Business

Mailing Address

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

**REINSTATEMENT 98-99**

2. New Principal Office Address, If Applicable  
**5969 Cattleridge Blvd.**

3. New Mailing Office Address, If Applicable  
**5969 Cattleridge Blvd.**

4. Date Incorporated or Qualified  
To Do Business in Florida **8/20/97**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

5. FEI Number  
**65-0775161**

Applied For

Not Applicable

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

Zip  
**34232-6050**

Country  
**U.S.A.**

Zip  
**34232-6050**

Country  
**U.S.A.**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PIS/T/D	Mark Urbanski	5969 Cattleridge Blvd., Ste. 200	Sarasota, FL 34232-6050
V/D	John L. Kennedy, III	5969 Cattleridge Blvd., Ste. 200	Sarasota, FL 34232-6050
			300002914903--3 -06/24/99--01092--029 *****8.75 *****8.75
			300002914903--3 -06/24/99--01092--030 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Karen S. Keaton**  
**Keaton and Rutland, P.A.**  
**111 Second Avenue, N.E., Ste. 620**  
**St. Petersburg, FL 33701**

Name  
**Mark Urbanski**  
Street Address (P.O. Box Number is Not Acceptable)  
**5969 Cattleridge Blvd.**  
Suite, Apt. #, etc.  
**Suite 200**

City  
**Sarasota** State  
**FL** Zip Code  
**34232-6050**

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]*

REGISTERED AGENT MUST SIGN

Date **6-15-99**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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]*

**MARK G. URBANSKI**

**6-15-99 941-342-0414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED81 (12/98)