

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sally Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074805

1. Corporation Name

CARDIOVASCULAR INNOVATIONS, INC.

Principal Place of Business

Mailing Address

9 IRONWOOD WAY
PALM BEACH GARDENS FL 33418

9 IRONWOOD WAY
PALM BEACH GARDENS FL 33418

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1997

5. FEI Number

45-0775911

Applied For

Not Applicable

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)

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
PSTD	STOKES, GAYLE L	9 IRONWOOD WAY	PALM BEACH GARDENS FL 33418

100002769611--0
-02/09/99--01063--010
****317.50 ****317.50

2/5/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid 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:

Gayle L Stokes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E040 (9/98)

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January 13, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Tax ID: 65-0775911

To whom it may concern:

I received notification my above referenced corporation was dissolved.

I had moved to my husband's home and had a problem with the mail being forwarded. When we moved back to our primary home in January 1999 I was dismayed when the dissolution notice was found.

I am a small independent minority corporation trying to run a business, pay my bills and support my family. I cannot afford to pay the large reinstatement fee.

Please accept my \$150.00 annual report and corporate supplement fee and reinstatement my corporation. Thank you.

Sincerely,


Gayle Stokes Brown