

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 24 PM 3:37

STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-06

DOCUMENT # P97000084027

1. Corporation Name

D.T.M. Medical, Inc.
1003 Balmoral Way
Melbourne, FL 32940

2. Principal Office Address

1003 Balmoral Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same as 2.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32940

Country

Brevard

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/29/1997

5. FEI Number

65-0783489

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Charles A. Bolles

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

1003 Balmoral Way

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

Charles A. Bolles

Date

3-23-06

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 |
|--------|--------------------------------------|---|---------------------|
| Pres. | Charles A. Bolles | 1003 Balmoral Way | Melbourne, FL 32940 |
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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 contained in Chapter 119, 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:

Charles A. Bolles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-22-06

Daytime Phone #