PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS **DOCUMENT#** P97000092367 98 NOV 17 AM 11: 10 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Prism Medical, INc. Principal Place of Business Mailing Address 2560 Enterprise Rd., Clearwater, FL 33759 East Same If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida
 10/28/97 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable NA NA Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3476088 Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip 2560 Enterprise Rd.,E TRES Clearwater, FL Brian G. Wolstein 33759 REINSTATEMENT Spoopg7googs-****758.00 ****750.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Brian G. Wolstein
Street Address (P.O. Box Number is Not Acceptable . Jeff Albinson, Esquire 4625 East Bay, #223 2560 Enterprise Rd Suite, Apt. #, Etc. Clearwater, FL 33764 Zip Code Clearwater 33759 10. I, being appointed the red stered agent of ation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date _ 11/12/98 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🖸 Intangible Personal Property tax due June 30. No L 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 filling 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: Date 11/12/98 Daytime Phone SIGNATURE AND TYPED OR PRIN ME OF SIGNING OFFICER OR DIRECTOR