

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 23 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000027151

1. Corporation Name

TFT Medical, Inc.

2. Principal Office Address

13801 McCormick Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33626

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

3/23/98

5. FEI Number

65-0905423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James R. Levani

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

13801 McCormick Drive

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

700003226087-2

04/27/00-01012-017

***300.00 ***300.00

REINSTATEMENT 99-0018

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

James R. Levani
REGISTERED AGENT MUST SIGN

Date 3/14/2000

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
P	John E. Scharf	13801 McCormick Drive	Tampa, Florida 33626
VP	James R. Levani	13801 McCormick Drive	Tampa, Florida 33626
Sec.	James R. Levani	13801 McCormick Drive	Tampa, Florida 33626
T	James R. Levani	13801 McCormick Drive	Tampa, Florida 33626

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 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:

James R. Levani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Levani

3/14/2000
Date

813-818-7488

Daytime Phone #

CR2E081 (9/99)