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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY -4 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

DOCUMENT #: P98000067810

VASCULAR ULTRASOUND SERVICES

2. Principal Office Address

7109 N. ARMENIA AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33604

Country

3. Mailing Office Address

7109 N. ARMENIA AVENUE

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33604

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1998

5. FEI Number

65-0860820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05

7. Name and Address of Current Registered Agent

Name

JORGE C. SUAREZ, SR

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

4913 N. SHIRLEY DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33603

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4-6-05

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 | JORGE C. SUAREZ, SR | 4913 N. SHIRLEY DRIVE | TAMPA, FL 33603 |
| | | | |
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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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-6-05

Daytime Phone #

CR2E081 (01/05)



VASCULAR ULTRASOUND SERVICES, INC.

7109 N. Armenia Avenue - Tampa, FL 33604. Tel: (813) 990-8500 Fax: (813) 990-8600

2 of 2

April 6, 2005

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

Re: Requesting waiver of Re-Instatement Fee
DOCUMENT #: P98000067810

To Whom It May Concern:

Following the instructions given on your pre-recorded telephone message, which states that waiver of the reinstatement fee can be requested if the Annual Report Renewal Form was not received, and to send a letter of explanation along with ~~\$150.00~~, I am requesting a waiver of said reinstatement fee: **We did not receive the annual renewal because our mailing address changed and the renewal form arrived at our old address.**

I'm also enclosing a newly printed reinstatement form with the correct new "Mailing Address" on box #3, which is now the same as the Principal Address.

Again, I request that you please accept this request and waive the reinstatement fee. If you have any questions, please call me at the above telephone number.

Sincerely,

Jorge Suarez
Psd.