PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION							
'ī	FOR						
REIN	ISTATEMENT						



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P98000101874 DÓCUMENT#

1. Corporation Name

TRANSPARENT PATIENT TECHNOLOGIES, INC.

FILED

00 JAN 14 AM 10: 23

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Principal Place of Business		Mailing Address							
7205 CORPORATE CENTER DR., S-301 MIAMI FL 33126		7205 CORPORATE CENTER DR., \$-301 MIAMI FL 33126							
		correct in any way, line thro					<u> Statement 99-0</u>		
					ress, If Applicable		orated or Qualified		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1000000	12/03/1998		
Oute, Apr. W. Store						_5. FEI Number			
City & State NORTH MIAMI FL		City & State NORTH MIAMI FL			65-0852706 Not Applicable				
Zip Country 33181		Zip Country 3318 (		CERTIFICATE OF STATUS DESIRED					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PD				2080 S. H	080 S. HIBISCUS DR.		NORTH MIAMI FL 33181		
SD	SD LEVINE, HOWARD ESQ.			900 16TH ST., #208**			MIAMI BEACH FL 33139		
1						,			
					3 # 7	60	00031141561 -01/28/0001031018 ****750_00_****750_00		
			<del></del>			60	00031141561 -01/28/0001031019		
							****158.75 ****158.75		
					<u> </u>	0 Name and I	Address of New Registered Agent		
8. Name and Address of Current Registered Agent					Name	S. Maine and A			
			<del></del>	<del></del> -					
LEVINE, HOWARD 900 16TH ST., APT.208					`	Street Address (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33139					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
				•	City State Zip Code				
10. I, being	appointed the	registered agent of the abo	ve named corpo	oration, am fa	amiliar with and accept the o	bligations of Sect			
Signature of Registered Agent + SIGNISUSE REQUIRED Date 13/7/99									
	<del></del>	RE	GISTERED AG	ENT MUST	SIGN		· · · · · · · · · · · · · · · · · · ·		
11. I certify	that I am an of	ficer or director or the receiv	ver or trustee er	npowered to	execute this application as	provided for in cha	apter 607 or 617, F.S. I further certify that when filing		

this reinstatement application, the reason for dissolution has been eliminated, the corporate name s 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 it made under oath.