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H06000198848
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State TALLAHASSEE, FLORIDA 32399-0001	
DOCUMENT # P99000016478			
1. Corporation Name SYMPHONY MEDICAL PRODUCTS, INC.			
2. Mailing Address 6320 NW 84 Avenue		2. Mailing Address 6320 NW 84 Avenue	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country US	Zip 33166	Country US

REINSTATEMENT

03-04

02/19/1999

5. Fee Number
65-0898159

7. Name and Address of Current Registered Agent	
Name ANDRES RAMOS	
Street Address (P.O. Box numbers not permitted) 6320 NW 84 Avenue	
City & State MIAMI FL	
Zip 33166	Country US

8. Names and Street Addresses of Each Official Under Florida Revised Corporation Code (Section 802 or 803, F.S.) (Section 802 or 803, F.S.)			
1000	Name of Officer and/or Director	Street Address of each Officer and/or Director	City & State & Zip
PD	Andres Ramos	6320 NW 84 Avenue	MIAMI, FL 33166
VPSD	Timothy Callahan	6320 NW 84 Avenue	MIAMI, FL 33166
VPTD	Michel Bellavance	6320 NW 84 Avenue	MIAMI, FL 33166
10. I hereby declare that I am an officer or director or owner of the corporation or other person authorized to execute this application as provided for in Section 802 or 803, F.S. I further declare that when filing this nonpayment application, the service for dissolution has been discontinued, the corporation has not been dissolved, the requirements of Section 802 or 803, F.S. have been met, and the corporation has been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 110, F.S. The information contained on this application is true and accurate, and the signature that signs this certificate shall be made under oath.			
SIGNATURE:		305-470-9994	

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Florida Department of State
Division of Corporations
Public Access System

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Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (305) 935-3500
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CORPORATION REINSTATEMENT

SYMPHONY MEDICAL PRODUCTS, INC.

Certificate of Status	1
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