

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 JAN 15 PM 4:00

**CORPORATION
 REINSTATEMENT**



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

*01-02
 WBR*

DOCUMENT # P99000075145

1. Corporation Name
 Signature Medical International, Inc.

2. Principal Office Address
 225 Saddleworth Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Lake Mary, Florida

City & State

Zip
 32746

Country
 US

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida 8/23/99

5. FEI Number
 59-3593778

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
 for a Certificate of Status

600004865676--7
 -02/05/02--01016--016
 *****300.00 *****300.00

7. Name and Address of Current Registered Agent

Name
 Ivaylo B. Gatev

Street Address (P.O. Box Number is Not Acceptable)
 421 S. Hyer Avenue

Suite, Apt. #, Etc.
 Apt C

City
 Orlando

State
 FL

Zip Code
 32801

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

U T a g e v
 REGISTERED AGENT MUST SIGN

Date 1/16/02

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/D S/T	Ivaylo B. Gatev	421 S. Hyer Ave, Apt C	Orlando, Fl 32801
EVP	Christopher Smith	225 Saddleworth Place	Lake Mary, Fl 32746

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:

U T a g e v
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02

Date

(407)694-0457

Daytime Phone #

CR2E081 (9/01)