

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

02 MAR -5 PM. 3: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # *P990000 92868*

1. Corporation Name

*HENDERSON MEDICAL SYSTEMS, INC.*

2. Principal Office Address

*3620 RIVERVIEW BLVD. W.*

3. Mailing Office Address

*3620 RIVERVIEW BLVD. W*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*BRADENTON, FL*

City & State

*BRADENTON, FL.*

Zip

*34205*

Country

*USA*

Zip

*34205*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*10/18/1999*

5. FEI Number

*65-0970200*

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

*MRS. JEANNE HENDERSON*

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

*3620 RIVERVIEW BLVD. W*

Suite, Apt. #, Etc.

City

*BRADENTON*

State

*FL*

Zip Code

*34205*

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

*Jeanne Henderson*

REGISTERED AGENT MUST SIGN

Date *2-27-02*

**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
<i>T</i>	<i>MRS. JEANNE HENDERSON</i>	<i>3620 RIVERVIEW BLVD. W.</i>	<i>BRADENTON, FL 34205</i>

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: *JEANNE HENDERSON*  
*Jeanne Henderson Treas.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2-27-02*

Daytime Phone # *941 7474556*

Certified Mail 7001 0320 0004 9804 1227

CR2E081 (9/01)