

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations
K. Wayne Harris
Secretary of State

FILED

01 JAN -4 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 099000011221

1. Corporation Name

CIRQUE MEDICAL, INC.

2. Principal Office Address

5865 SW 108TH ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

Country

Zip

Country

33156

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 1, 2000

5. FEI Number

65-0972973

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

MARY A. LEONE

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

5865 SW 108TH ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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01/12/01--01024--011

****300.00 ****300.00

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

Mary A. Leone

Date 12/29/00

REGISTERED AGENT MUST SIGN

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
PRES.	JAMES E. LEONE	5865 SW 108 TH ST. MIAMI,	MIAMI, FL. 33156
SECY TREAS.	MARY A. LEONE	5865 SW 108 ST.	MIAMI, FL. 33156
DIR.	KENNETH R. DYR	13041 JALPON PLACE	JACKSONVILLE, FL 32246
DIR.	BRUCE J. LEONE	P.O. Box 551391	JACKSONVILLE, FL 32255-1391
DIR.	NEIL FINGLASS	752 SHIPWATCH DR	JACKSONVILLE, FL 32225
DIR.	RICHARD C. AGNEW	3595 UNIVERSITY BLVD S. STE 602	JACKSONVILLE, FL. 32246 KE

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:

JAMES E. LEONE JAMES E. LEONE, PRESIDENT

12/29/00

305-667-5972

Date

Daytime Phone #

CR2E081 (9/99)