


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 OCT 15 AM 8:20

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **S27000**

1. Corporation Name

ULTRATECH MEDICAL SUPPLIES AND EQUIPMENT, INC.

Principal Place of Business

Mailing Address

8150 SW 8TH ST
 STE 105
 MIAMI FL 33144
 US

8150 SW 8TH ST
 STE 105
 MIAMI FL 33144
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/24/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0238008

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DE ARMAS, ALINA	16542 NW 83 PL	MIAMI FL

LS

700004658477--0
 -10/30/01--01014--010
 ***\$600.00 ***\$600.00

8/10/01 90002/020 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE ARMAS, ALINA
 16542 NW 83RD PL
 MIAMI FL 33016

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/10/01

11. 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/01

Daytime Phone #

(305) 265-9393

CR2E040 (8/01)