

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V25679

1. Corporation Name

INNOVATIVE MEDICAL SERVICES, INC.

Principal Place of Business

562 WYLIE ROAD  
SUITE 14  
MARIETTA GA 30067  
US

Mailing Address

562 WYLIE ROAD  
SUITE 14  
MARIETTA GA 30067  
US

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

2. New Principal Office Address, If Applicable

9770 16th Street N.  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9770 16th Street N.  
Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33716

Country

US

Zip

33716

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

03/30/1992

5. FEI Number

59-3115565

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PCEO	DURANT, JOSEPH L	562 WYLIE ROAD, SUITE 14 9770 16th Street N.	MARIETTA GA St. Petersburg FL 33716
<del>COO</del>	<del>BERLING, ROBERT L</del> Delete	562 WYLIE ROAD, SUITE 14	MARIETTA GA
<del>T</del>	<del>MCCLURKIN, LEE C</del> Delete	562 WYLIE ROAD, SUITE 14	MARIETTA GA 30067
<del>S</del>	<del>LISS, MATTHEW M</del> Delete	562 WYLIE ROAD, SUITE 14	MARIETTA GA 30067

REINSTATEMENT 9, B 12/8/98

8. Name and Address of Current Registered Agent

G-T CORPORATION SYSTEM  
4200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of Registered Agent

Name Joseph Durant  
Street Address (P.O. Box Number is Not Acceptable)  
9770 16th Street N.  
Suite, Apt. #, Etc.

City St. Petersburg

State FL

Zip Code 33716

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

Joseph L. Durant  
REGISTERED AGENT MUST SIGN

Date 12-1-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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 and Typed or Printed Name of Signing Officer or Director  
Joseph L. Durant

Date 12-1-98

Daytime Phone #