

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROCESSED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

00 OCT -6 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**K13879**

1. Corporation Name **ULTRASONIC SYSTEMS OF MIAMI, INC.**

2. Principal Office Address

**551 W 51st Place**

Suite, Apt. #, etc.

**# 206**

City & State

**Hialeah, Florida**

Zip

**33012**

Country

**U.S.A.**

3. Mailing Office Address

**P.O. Box 44-1027 Miami, FL**

Suite, Apt. #, etc.

City & State

**Miami Florida**

Zip

**33144**

Country

**U.S.A.**

**REINSTATEMENT 16-18**

4. Date Incorporated or Qualified  
To Do Business in Florida

**FEB 1988**

5. FEI Number

**65-0045249**

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

**Antonio GARCIA**

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

**410 NW 57th**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33126**

**300003434073-4**  
**-10/20/00--01087--013**  
**\*\*\*1350.00 \*\*\*1350.00**

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

**Antonio Garcia**

REGISTERED AGENT MUST SIGN

Date **10/2/2000**

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
<b>PRES</b>	<b>ANTONIO GARCIA</b>	<b>24 SW 59th</b>	<b>Miami FL 33144</b>

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:

**Antonio Garcia**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/2/2000 (305) 825-4700**

Daytime Phone #

**KE**