10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

04 NOV 22 AM 9: 22

	CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.			1 0 0 0 4 3 2 2 6 12/Ub/U4	0521 4 **150,00	
	Name		7. Nam	e and Address of Current F	legistered Agent	
38116	USA	•	38116	USA	CENTIFICATE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status
Memphis, Tennessee		Memphis, Tennessee		5. FEI Number 51-0123924	Applied For Not Applicable	
City & State		City & State		4. Date Incorporated or Qualified To Do Business in Florida 11-6-75		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
2. Principal Office Address 1450 Brooks Road		3. Mailing Office Address 1450 Brooks Road		REMSTATEME	NI 04	
	ooks Road ooks Road					
1. Corpora		F97 <u>0</u> 00001604 NC.				
REIN	STATEMENT			ON OF CORPORATIONS	SECRETARY OF ST TALLAHASSEE FLO	ATE RIDA

Signature of Registered	I Agent Conne Sin	SPECIAL ASSISTANT SECRETARY ED AGENT MUST SIGN	Date 11 22 2004				
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				
Dir.	James A. Ralston	1450 Brooks Road	Memphis, Tennessee 38116				
Dir.	James Taylor	150 Minuteman Road	Andover, Massachussetts 01810				
Dir.	David Illingworth	1450 Brooks Road	Memphis, Tennessee 38116				
Pres.	James A. Ralston	1450 Brooks Road	Memphis, Tennessee 38116				
Sec.	James A. Ralston	1450 Brooks Road	Memphis, Tennessee 38116				
A.Sec.	Dennis Watson	1450 Brooks Road	Memphis, Tennessee 38116				
40							

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.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/04

Daytime Phone #

CR2E081 (01/04)

>% We are smith&nephew

RISK MANAGEMENT Smith & Nephew, Inc. 1450 Brooks Road Memphis, TN 38116 USA

1 - 1

 $\frac{1}{V}$

T 901-396-2121 TOLL FREE: 800-821-5700 www.smith-nephew.com O4 HOV 22 AM 9: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

November 18, 2004

Florida Department of State Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Smith & Nephew, Inc. (#F000001604) Annual Report

Dear Sir/Madam:

Enclosed please find our Annual Report and Corporate Reinstatement forms for filing along with a check in the amount of \$150,000 to cover the filing fees.

We respectfully request that the reinstatement fee be waived as we did not receive the annual report prior notice for the 2004 year.

Thank you for your consideration in this matter.

Sincerely,

Cathy McKinney Bell

Attachment