

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F99000003598**

1. Corporation Name

Alliance Medical Reprocessing Corporation

*Handwritten initials*

2. Principal Office Address

10232 South 51st Street

3. Mailing Office Address

10232 South 51st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Phoenix, AZ

City & State

Phoenix, AZ

Zip

85044

Country

US

Zip

85044

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/1999

5. FEI Number

86-0898793

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

By: *Candice L. Mallernee*

Date June 27, 2003

REGISTERED AGENT MUST SIGN

Candice L. Mallernee, Asst. Secy.

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
D/CEO	Rick Ferreira	10232 South 51st Street	Phoenix, AZ 85044
CFO	Tim Einwechter	10232 South 51st Street	Phoenix, AZ 85044
D	Jim Bochnowski	3000 Sand Hill Road, Bldg 1, Ste 135	Menlo Park, CA 94025
D	Pete McNerney	60 South 6th Street, #3510	Minneapolis, MN 55402
D	Terry Winters	6720 N Scottsdale Road, Ste 2	Scottsdale, AZ 85253
D	Adele Oliva	445 Park Avenue	New York, NY 10022

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

*Rick Ferreira*  
Rick Ferreira

6/24/03

Date

480-763-5300

Daytime Phone #

APPROVED  
AND  
FILED

03 JUL -1 PM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 02-03**

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