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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

REINSTATEMENT
2010-11

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
INVACARE HCS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$377.50

J. SAULSBERRY
EXAMINER

SEP 07 2011

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M06000003998

1. Limited Liability Company's Name
Invacare HCS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1655 Britain Road		One Invacare Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Akron, OH		Elyria, OH	
Zip	Country	Zip	Country
44310	USA	44035	USA

4. State/Country of Formation
Ohio

5. Date Organized or Qualified To Do Business in Florida 09/24/2003

6. FEI Number
02-0708028
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. 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	State	Zip Code
Plantation	FL	33324

E-mail Address:
rlengycl@invacare.com
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent CT CORPORATION SYSTEM Diana Stout, Asst. Secretary Date 9/6/11
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Invacare Corporation	One Invacare Way	Elyria, OH, 44035
President	Gerald B. Blouch	One Invacare Way	Elyria, OH, 44035
Director	Lynda Bell	1655 Britain Road	Akron, OH 44310

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Lynda A Bell Date 8.30.2011 Daytime Phone # 330-645-8209

Typed or printed name of signing Managing Member/Manager Lynda Bell, Director of Operations, Invacare HCS, LLC