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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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CORPORATION REINSTATEMENT
DATASCOPE CORP.

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P27939

1. Corporation Name
DATASCOPE CORP.

REINSTATEMENT 10-11

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15 LAW DRIVE	45 Barbour Pond Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FAIRFIELD, NJ	City & State: Wayne, NJ
Zip: 07004 Country: USA	Zip: 07470 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 01/30/1990

5. FEI Number: 13-2529596 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSEE State: FL Zip Code: 32301

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: Matthew Young Asst. V. Pres. Date: 4-29-11
REGISTERED AGENT MUST SIGN

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
PD	Christian Keller	15 Law Dr.	Fairfield, NJ 07004
VP	Henry Scaramelli	15 Law Dr	Fairfield, NJ 07004
Dir	Ulf Grunander	15 Law Dr.	Fairfield, NJ 07004
Dir	Michael Reider	15 Law Dr.	Fairfield, NJ 07004
Dir	Reinhard Mayer	15 Law Dr.	Fairfield, NJ 07004

10. E-mail Address: Art.Hayes@maquet.com
(To be used for future annual report notification)

11. 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, I further certify 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: 4/27/11 973-709-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #