

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 10 AM 10:53
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # **998000087481**

1. Corporation Name
GRIFOLS-QUEST, INC.

2. Principal Office Address 8880 N. W. 18 TERR.		3. Mailing Office Address 8880 N. W. 18 TERR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33172	Country USA	Zip 33172	Country USA

REINSTATEMENT ~~03-04~~

4. Date Incorporated or Qualified To Do Business in Florida 10/12/1998	
5. FEI Number 650874421	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Manuel A. Garcia-Linares, Esquire

Street Address (P.O. Box Number is Not Acceptable)
Miami Center - 10th Floor


Suite, Apt. #, Etc.
201 S. Biscayne Boulevard

City
Miami

State
FL

Zip Code
33131

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  Date **June 4, 2004**


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
P,S	John L. Medders	8880 N. W. 18 TERR.	MIAMI, FL 33172
D	David J. Kiefer	8880 N.W. 18 TERR.	MIAMI, FL 33172
D	Oriol Dunach	8880 N.W. 18 TERR.	MIAMI, FL 33172

200038210872
06/24/04-01005-008 **\$300.00

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)(f), 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:  **6/4/04** **305 593 8366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2581 (6/1/04)

13