PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
05 NOV 21 AM 5:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819098

**1.** Corporation Name
BSN-Jobst, Inc.

REINSTATEMENT 01-05

| **2.** Principal Office Address | | **3.** Mailing Office Address | |
|---|---|---|---|
| 5825 Carnegie Blvd. | | 5825 Carnegie Blvd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State: Charlotte, NC | | City & State: Charlotte, NC | |
| Zip: 28209 | Country: USA | Zip: 28209 | Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 3/5/1957

**5.** FEI Number: 34-4468774 ☐ 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: Evelyn Wright — Date: 11/14/05
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 | Maurizio Ballicu | 5825 Carnegie Blvd | Charlotte, NC 28209 |
| S | David Detjen | 90 Park Ave | New York, NY 10016 |
| V | Allan Kilkka | 5825 Carnegie Blvd | Charlotte, NC 28209 |
| | | | |
| | | 700060684757 | |
| | | 10/17/05--01056--005 **2100.00 | |
| | | | |

**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)(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:** Allan A. Kilkka — 9-28-05 — 704-551-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel NOV 22 2005