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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUL 15 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 248355

1. Corporation Name

Gaumard Scientific Co., Inc.

800039537108
07/26/04--01070--008 **450.00

2. Principal Office Address

14700 SW 136th Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33196

Country

USA

3. Mailing Office Address

14700 SW 136th Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33196

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1150440

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

Daphne Eggert

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

14700 SW 136th Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33196

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

REGISTERED AGENT MUST SIGN

Date

7-13-04

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	Daphne Eggert	14700 SW 136th Street	Miami, FL 33196
VP	John Eggert	14700 SW 136th Street	Miami, FL 33196
S	Michael Eggert	14700 SW 136th Street	Miami, FL 33196

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

Date

7-13-04

Daytime Phone #

CR2E081 (01/04)

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Simulators
for
Health
Care
Education

gaumard[®]

July 13, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gaumard Scientific

14700 SW 136 Street
Miami, FL 33196-5691

Dear Sirs:

It has come to our attention that Gaumard Scientific Co, Inc., Document #248355, is "inactive" as of 10-04-02.

In researching this matter we do not have record of a bill or fee having been received.

Accordingly, we respectfully request that the reinstatement fee be waived. Attached is a completed copy of the Corporation Reinstatement form and a check in the amount of \$450.00 which we believe is payment in full for years 2002, 2003 and 2004.

PO Box 140098
Coral Gables, FL 33114

Worldwide

305.666.8548

USA

800.882.6655

Fax

305.667.6085

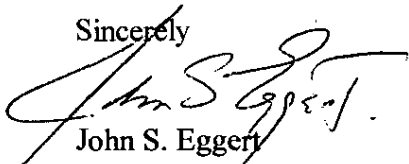
Internet

www.gaumard.com

E-mail

sima@gaumard.com

Sincerely



John S. Eggert
Vice-President