

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC 14 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807907

1. Corporation Name

Philips Medical Systems (Cleveland), Inc.
595 Miner Road
Cleveland, OH 44143

2. Principal Office Address

595 Miner Road

3. Mailing Office Address

cloPhilps Electronics

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cleveland, OH

City & State

New York, NY

Zip

44143

Country

Zip

10020

Country

201113557543
01/02/08--01043--006 **600.00
201113557543
01/02/08--01043--007 **300.00

REINSTATEMENT 06-07
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5/23/1949

5. FEI Number

1317 25183

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

Heather Chapman

Heather Chapman
as its agent

Date

12/14/07

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
VP	Robert N. Smith	1251 Avenue of the Americas	New York, NY 10020
Sec.	Warren J. Oakes, Jr.	1251 Avenue of the Americas	New York, NY 10020
Dir.	Joseph E. Innamanti	1251 Avenue of the Americas	New York, NY 10020
Dir.	Pamela L. Deulap	3000 Minuteman Rd, MS 0147	Andover, MA 01810

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 contained in Chapter 119, 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

Robert N. Smith

Date

12/11/07

Daytime Phone #

212-536-0784