


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL  
FILED

05 NOV 21 AM 5:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 819098</b>			
<b>1. Corporation Name</b> BSN-Jobst, Inc.			
<b>2. Principal Office Address</b> 5825 Carnegie Blvd.		<b>3. Mailing Office Address</b> 5825 Carnegie Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Charlotte, NC		<b>City &amp; State</b> Charlotte, NC	
<b>Zip</b> 28209	<b>Country</b> USA	<b>Zip</b> 28209	<b>Country</b> USA

**REINSTATEMENT**

01-05

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 3/5/1957	
<b>5. FEI Number</b> 34-4468774	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> Corporation Service Company		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street		
<b>Suite, Apt. #, Etc.</b>		
<b>City</b> Tallahassee	<b>State</b> FL	<b>Zip Code</b> 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*

REGISTERED AGENT MUST SIGN

Date

11/14/05

**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

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**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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-05

Date

704-551-7187

Daytime Phone #

K. Eckel NOV 22 2005