

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 OCT 25 PM 2:59

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 849518

1. Corporation Name

ArjoHuntleigh, Inc.

REINSTATEMENT 2011

2. Principal Office Address - No P.O. Box #

2349 W. Lake St

Suite, Apt. #, etc.  
250

City & State  
Addison IL

Zip Country  
60101 USA

3. Mailing Office Address

2349 W. Lake St

Suite, Apt. #, etc.  
250

City & State  
Addison

Zip Country  
60101 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

6-24-81

5. FEI Number

36-2999230

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 Zip Code  
FL 32301

300213648793  
10/25/11--01032--006 \*\*750.00

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

*Jane S. Krayer*

Jane S. Krayer, Assistant VP

Date 10/17/11

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
Pres	Philip Croxford	2349 W. Lake St. Ste. 250	Addison IL 60101
Treas.	Gary Jensen	2349 W. Lake St. Ste. 250	Addison IL 60101

2010/26

10. E-mail Address: lawonda.miller@arjohuntleigh.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*[Signature]*

10/17/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #