

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F00000000690**

1. Corporation Name

**PURITAN MEDICAL PRODUCTS, INC.**

Principal Place of Business

**9101 BOND STREET  
OVERLAND PARK KS 66214**

Mailing Address

**9101 BOND STREET  
OVERLAND PARK KS 66214**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/08/2000**

5. FEI Number

**43-1873460**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SCHULTE, TED	3700 CRESTWOOD PARKWAY, SUITE 20	DULUTH GA 30096
V	FOWLER-HURT, SANDRA	3700 CRESTWOOD PARKWAY, SUITE 20	DULUTH GA 30096
VD	<del>GORNWELL, JEFFREY P</del> MCLAUGHUN, ROBERT	259 N. RADNOR-CHESTER ROAD, SUIT 100	RADNOR PA 19087
V	GRAFF, LES	259 N. RADNOR-CHESTER ROAD, SUIT 100	RADNOR PA 19087
SD	CRAUN, TODD R	259 N. RADNOR-CHESTER ROAD, SUIT 100	RADNOR PA 19087
AS	KEEN, GORDON L JR.	259 N. RADNOR-CHESTER ROAD, SUIT	RADNOR PA 19087

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name

**REINSTATEMENT**

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

Suite, Apt. #, Etc.

**8000009047738**

City

**11/18/02--01002--013**

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
**BEHLER**  
Special Assistant Secretary

Date **11/15/02**

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., 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.

**SANDRA FOWLER-HURT**

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/11/02**

Date

**770.717.2200**

Daytime Phone #

CR2E040 (802)