PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 NOV -8 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000002319

1. Corporation Name

SHT Subsidiary, Inc.

d/b/a Surgical Innovations & Services

REINSTATEMENT 02

2. Principal Office Address	**3.** Mailing Office Address
147 Keystone Drive	147 Keystone Drive
Suite, Apt #. etc,	Suite, Apt. #, etc.
Montgomeryville, PA	Montgomeryville, PA
Zip: 18936 Country: USA	Zip: 18936 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/2000

5. FEI Number: 23-3039999 ☐ 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: CT Corporation System

700009176697
11.20.02 01005 010 **125.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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, FS.

Signature of Registered Agent: VickiAnn Owens — REGISTERED AGENT MUST SIGN — Special Assistant Secretary — Date: 11/5/02

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
PD	Robert Crutchfield	1001 23rd Ave.	Tuscaloosa, AL 35405
VSTD	Davis Woodward	147 Keystone Drive	Montgomeryville, PA 18936
D	Michael R Stewart	147 Keystone Drive	Montgomeryville, PA 18936

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 61 T, 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: Davis Woodward — Davis Woodward — 11/11/02 — 215-619-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 09/18/01 C T System Online

jr 11/15/02