

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F01000001191					
1. Corporation Name Accellent, Inc.					
2. Principal Office Address 300 East Lombard Street		3. Mailing Office Address 300 East Lombard Street		4. Date Incorporated or Qualified To Do Business in Florida 2-27-01	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 841507827	
City & State Baltimore, MD		City & State Baltimore		Applied For Not Applicable	
Zip 21202	Country USA	Zip 21202	Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ 35.75. Certificate Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
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 807.0303 or 817.0503, F.S.					
Signature of Registered Agent		Hiedi Loech Assistant Secretary		Date 11-16-05	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
PCEO	Ronald Sparks	200 W 7th Ave.		Collegeville, PA 19426	
TS	Stewart A. Fisher	200 W 7th Ave.		Collegeville, PA 19426	
V	Jeffrey M. Farina	200 W 7th Ave.		Collegeville, PA 19426	
VAS	Thomas F. Lemker	200 W 7th Ave.		Collegeville, PA 19426	
VP	Gary Curtis	200 W 7th Ave.		Collegeville, PA 19426	
V	Paul L. Ashby	200 W 7th Ave.		Collegeville, PA 19426	
10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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 118.07(2)(b), 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:		11/15/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

ACCELLENT INC.

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