

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000001842

1. Corporation Name
PATRIOT MEDICAL TECHNOLOGIES OF OHIO, INC.

2. Principal Office Address
113 SEABOARD LANE
Suite, Apt. #, etc.
Suite B-201
City & State
Franklin, TN
Zip
37067 Country
USA

3. Mailing Office Address
(SAME AS 2.)
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida 7/1/00
5. FBI Number 311179456 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for 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
FL

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.050

Signature of Registered Agent Juan Beatty, Asst. Sec. Date 4-30-04
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	RICHARD NAYLOR	113 SEABOARD LN STE B201	FRANKLIN, TN 37067
Dir.	BOB ROLLER	(SAME AS ABOVE)	
Dir.	DICK MACEDONIA	(SAME AS ABOVE)	
Dir.	JOHN BUSH	(SAME AS ABOVE)	
Dir.	MICHAEL RANSON	(SAME AS ABOVE)	

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 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 118.07(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: David L. Cheek Date 12/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384 *TXI*

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

PATRIOT MEDICAL TECHNOLOGIES OF OHIO, INC.

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