

MAR 20 2008 12:09PM

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NO. 475 P. 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				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 9801 Washingtonian Blvd.			3. Mailing Office Address		
Suite, Apt. #, etc. Suite 1245D			Suite, Apt. #, etc.		
City & State Gaithersburg, MD			City & State		
Zip 20878	Country USA	Zip	Country	4. Date incorporated or Qualified To Do Business in Florida 4/2/2002	
				5. FEI Number 31-1179456	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.75 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 Hayes Street					
Suite, Apt. #, Etc.					
City Tallahassee			State FL	Zip Code 32301-2525	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0603 or 617.0603, F.S.					
Signature of Registered Agent <i>Down Prouty, Asst. Sec.</i>		REGISTERED AGENT MUST SIGN		Date 3/21/08	
9. Name and Street Address 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	
P	George Chavel, Director	9801 Washingtonian Blvd.		Gaithersburg, MD 20878	
VP	Debra White, Director	9801 Washingtonian Blvd.		Gaithersburg, MD 20878	
VP/S	Robert A. Stern, Director	9801 Washingtonian Blvd.		Gaithersburg, MD 20878	
<b>REINSTATEMENT</b>					
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 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 contained in Chapter 119, 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: <i>Robert A. Stern</i>		Robert A. Stern		3/20/08	
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Office Phone # 301-987-4480	

CR2E081 (12/05)

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 553-1575

**RESUBMIT**  
Please give original  
submission date as file date.

*Kathy Drake*  
12959

**CORPORATION REINSTATEMENT**

**PATRIOT MEDICAL TECHNOLOGIES OF OHIO, INC.**

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