

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004404

1. Corporation Name

HEMOCUE, INC.

Principal Place of Business Mailing Address
23263 MADERO, SUITE A 40 EMPIRE DRIVE 23263 MADERO, SUITE A 40 EMPIRE DRIVE
MISSION VIEJO CA 92691 LAKE FOREST, CA MISSION VIEJO CA 92691 LAKE FOREST, CA
92630 92630

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc. 40 EMPIRE DRIVE		Suite, Apt. #, etc. SAME		08/20/2001	
City & State LAKE FOREST, CA		City & State		5. FEI Number 33-0882550	
Zip 92630		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BURGESS, BRUCE M-DON DuBois	23263 MADERO, SUITE A 40 EMPIRE DRIVE	MISSION VIEJO CA 92691 LAKE FOREST, CA 92630
STD	ERNST, LAWRENCE T	23263 MADERO, SUITE A " "	MISSION VIEJO CA 92691 " " " "
CD	WILLIAMSON, ANDERS	KUVETTGAN 1	ANGELHOLM, SWEDEN
D	ARDEVAL, MATS	KUVETTGAN 1	ANGELHOLM, SWEDEN

10/27/03 300024102383
0727/03--01019--015 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C-T-CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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 _____ Date _____

SIGNATURE OF REGISTERED AGENT MUST SIGN

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.

SIGNATURE: LAWRENCE T. ERNST 10-10-03 944.614.2816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



October 10, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

HemoCue, Inc. did not receive the two previous 2003 Annual Report notices. HemoCue moved offices December 2002. Please update your records accordingly.

We have completed the 2003 Annual Report and enclosed a check in the amount of \$150.00.

Thank you for your attention in this matter.

Best regards,

A handwritten signature in black ink, appearing to read "Larry Ernst", is written over the typed name.

Larry Ernst
CFO & Controller
HemoCue, Inc.