

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 DEC 11 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000006392**

1. Corporation Name

ZEE MEDICAL, INC.

Principal Place of Business

Mailing Address

22 CORPORATE PARK
IRVINE CA 92606-5105

22 CORPORATE PARK
IRVINE CA 92606-5105

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

Suite, Apt. #, etc.

One Post Street

Suite, Apt. #, etc.

City & State

City & State

San Francisco, CA

Zip

Country

Zip

Country

94104

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/2001

5. FEI Number

95-2703273

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SKELTON, GARY W Fred J. Browne	22 CORPORATE PARK	IRVINE CA
<input checked="" type="checkbox"/> SVP	BOSS, LARRY	22 CORPORATE PARK	IRVINE CA
<input checked="" type="checkbox"/> DVS	BROWNE, FRED J Kristina Veaco	22 CORPORATE PARK One Post St.	IRVINE CA San Francisco, CA 94104
V	STANLEY, CURTIS A Collin Klein	22 CORPORATE PARK	IRVINE CA
V	FERNANE, PAUL J	8150 WOODLAND DRIVE	INDIANAPOLIS IN
VTD	LOIACONO, NICHOLAS A	ONE POST STREET	SAN FRANCISCO CA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Vivian Swirell

REGISTERED AGENT MUST SIGN

Date

12/2/03

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:

Anne Shuford

Anne Shuford

12/4/03

Date

415-983-9214

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)

McKesson Corporation
One Post Street
San Francisco, CA 94104

McKESSON

Empowering Healthcare

Anne J. Shuford
Assistant Secretary
Direct Tel: 415-983-9214

December 1, 2003

Secretary of State's Office
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Zee Medical, Inc.
Document # F01000006392

Dear Secretary:

Our office has just received the Notice of Administrative Dissolution or Revocation and the Application for Reinstatement of Zee Medical, Inc. which ended up in another department at McKesson by mistake. Unfortunately, the 2003 Annual Report for this company went astray as well and was never received.

Attached for filing is the executed Application for Reinstatement along with payment of \$150, the amount owed as determined by your office in our recent telephone conversation regarding the reinstatement.

I can be reached at 415-983-9214 should you have any questions. Thank you for your assistance in this matter.

Sincerely,


Anne Shuford