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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MERIDIAN MEDICAL TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	~~$35.00~~

$ 1,800.00

As per conversation w/ Hannah Jimenez
8/23/11

OK per Andy

1-853

FILED
11 AUG 23 PM 1:49
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 # P03000001187

1. Corporation Name

MERIDIAN MEDICAL TECHNOLOGIES, INC.

REINSTATEMENT 04-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6350 Stevens Forest Road	235 East 42nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 301	235/19/1
City & State	City & State
Columbia, MD	New York, NY
Zip / Country	Zip / Country
21046 / United States	10017 / United States

4. Date Incorporated or Qualified To Do Business in Florida: 03/10/2003

5. FEI Number: 52-0898764 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: The C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 8751 West Broward Blvd.

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan Assistant Secretary Date: 8/23/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/V	John W. Alter	235 East 42nd Street	New York, NY 10017
D/V	William Kennally	235 East 42nd Street	New York, NY 10017
D	Robert B. Lamm	235 East 42nd Street	New York, NY 10017
P	Dennis O'Brien	235 East 42nd Street	New York, NY 10017
S	Thomas A. Dykstra	235 East 42nd Street	New York, NY 10017
V/T	Marc Keenan	235 East 42nd Street	New York, NY 10017

10. E-mail Address: darren.welsh@pfizer.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 08/23/2011 (212)733-0891

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

FL010 - 01/19/2011 C T System Online

SECTION 9. (CONTINUED)

Title	Name of Officers and/or Directors	Street Address	City/State/Zip
AT	Scott W. Hunter	235 East 42nd Street	New York, NY 10017
AS	Susan Grant	235 East 42nd Street	New York, NY 10017
C	Carla M. Shumate	235 East 42nd Street	New York, NY 10017