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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 SEP 26 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000001312

1. Corporation Name

Hunter Medical Systems, Inc.

REINSTATEMENT 06
CR2E081 (12/06)

2. Principal Office Address		**3.** Mailing Office Address	
141 James Drive West		5400 LBJ Freeway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State St. Rose, LA		City & State Dallas, TX	
Zip 70087	Country USA	Zip 75240	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: March 3, 2004

5. FEI Number: 72-1292247 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

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: _____ Michael E. Jones Assistant Secretary Date: 9/26/06
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	Fred Hunter	141 James Dr. West	St. Rose, LA
Sec	Richard K. Kneipper	5400 LBJ Freeway, #200	Dallas, TX 75240
Treas	Dennis Haines	5400 LBJ Freeway, #200	Dallas, TX 75240
CFO	Mark C. Falkenberg	5400 LBJ Freeway, #200	Dallas, TX 75240
VP/GC	Kristen Eder	5400 LBJ Freeway, #200	Dallas, TX 75240

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.

Kristen Eder 9/25/06 214.259.7115
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLR1D - 01

Kristen Eder
General Counsel

9/26 aw

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

HUNTER MEDICAL SYSTEMS, INC.

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