

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000001312			
1. Corporation Name Hunter Medical Systems, Inc.			
2. Principal Office Address 141 James Drive West Suite, Apt. #, etc.		3. Mailing Office Address 5400 LBJ Freeway Suite, Apt. #, etc. Suite 200	
City & State St. Rose, LA		City & State Dallas, TX	
Zip 70087	Country USA	Zip 75240	Country USA

FILED

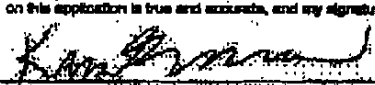
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
CR2E081 (12/06)

06

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 9/24/06			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	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.			
		9/25/06 24-257-715	
Signature of Officer or Director		Date	

FL210-01

Kristen Eder
General Counsel

9/26/06

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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CORPORATION REINSTATEMENT

HUNTER MEDICAL SYSTEMS, INC.

Certificate of Status	1
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