PAR 123

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF CORPORATIONS

	RPORAT STATEM	h Line		DEPART Seçretary sion of co	of S	4		OB DEC 29 AM II: 2	j
DOCUMENT # F0500004053 1. Corporation Name GN Hearing Care Corporation						BI	2/29/21		
2. Principal Office Address - No P.O. Box # 3. Mailing Of 2601 Patriot Blvd.				Mice Address			j	900139307569 12/29/0801003014 **300. cr26081 (10/08)	00
Suite, Apt. #, etc. Suite, Apt. #,				etc.				poraled or Qualified	
City & State City & State City & State				. 4			To Do Business in Florids 7/14/05		
zip .60026		Country	Zip	,	Coun	try	6.	E OF STATUS DESIRED S8.75 Administration For required for a Contractic of Status	
ł		7. Name and Ad	dress of Current Regis	tered Agent			· ·		
Name NRAI Services, Inc.					The reinstatement fee is imposed, except in droumstances which the entity did not receive				
		x Number is Not Acc e Park Drive					the prior notices. By checking this box, you		
2731 Executive Park Drive, Suite 4 Suite, Apt. #. Etc.						* 1 * *	are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
City State Zia Code				Zip Code					
Westo	n				State FL	33331			
Signature o Registered	of	ald)	the above named corporate the sport of the s			with and accept the ol	bligetions of sect	Date 12 38	
9. Names	and Street A	ddresses of Each O	ficer and/or Director (Fi	orida nonprofi	t corpe	orations must list at le	sst 3 directors)		
Tides	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip	
σω	Richard Swanson				8001 Bloomington Fwy			Bloominton, MN 55420	
PRES	Bjorn Christ 8			8001	8001 Bloomington Fwy			Bloomington, MN 55420	
PRES	Todd Murray			2601 Patriot Blvd				Glenview, IL 60026	
CLO, VP,SEC John Kasher			2601 Patriot Blvd				Glenview, IL 60026		
VP	Bob Meekin;			8001 Bloomington Fwy			wy	Bloomington, MN 55420	
	* See	attached	sheet	ني وي عددا		·			
(his rai owed)	instatoment ap by the corpora	oplication, the reason tion have been paid	for dissolution has bee	n eliminated, i Suals listed on	the co	rporale name satisfies sim do not qualify for i	the requirement	apter 607 or 617, F.S. I further certify that when filing to of section 607,0401 or 617,0401, F.S., that all fees nitained in Chapter 119, F.S. The information indicated	
SIGNATURE:						2/22/08	ı		
		IGNATURE AND TYPE	OR PRINTED HAME OF	SIGNING OFFI	CER O	R DIRECTOR	1	Date: Daytime Phone #	

Byc 2013

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMALED SELRETARY OF STATE DIVISION OF CORPORATIONS

08 DEC 29 AM 11: 20

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

		TO THE								
DOCUMENT # 1. Corporation Name										
GN	l Heari	ing Care Corp	oration							
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # 2601 Patriot Blvd.				ffice Address				NSTATEMENT 6-08 CR2E081 (10/08)		
Suite, Apt. #	Suite, Apt. #, etc. Suite, Apt. #,			etc.				porated or Qualified		
	City & State City & State Glenview, IL						To Do Business in Florida 7/14/05 5. FEI Number Applied For 77-0019588 Not Applicable			
zip 60026		Country USA	Z ip		Count	itry	6.	SS.75 Additional Fee required for a Certificate of Status		
		7. Name and Address	of Current Regis	itered Ager	nt		1			
	Services	<u> </u>			.23			The reinstatement fee is imposed, except in circumstances which the entity did not receive		
		ox Number is Not Acceptab re Park Drive, St					the prid	the prior notices. By checking this box, you		
Suite, Apt.		Ol will bill of D.	2100 -1				are certifying the prior notices were not received and requesting the reinstatement			
City					State	Zip Code	fee be	fee be waived.		
Westo	n				FL	33331	<u> </u>			
B. I, being	appointed the	e registered agent of the af	pove named corpo	ration, am	familier	with and accept the c	bilgations of saction	on 607.0505 or 617.0503, F.S.		
Signature of Registered								Date		
			REGISTERED AGI	ENT MUST	r sign					
9. Names	and Street A	Addresses of Each Officer a	ind/or Director (Flo	orida nonpro	ofit corpo	orations must list at k	aast 3 directors)			
Titles		Name of Officers and/or Director	rs		Street Address of Each Officer and/or Director			City / State / Zip		
ထာ	Richard Swanson			8001 Bloomington Fwy			Fwy	Bloominton, MN 55420		
PRES	Bjorn Christ			8001 Bloomington Fwy			wy	Bloomington, MN 55420		
PRES	Todd Murray			2601 Patriot Blvd			i	Glenview, IL 60026		
CLO, VP;SEC John Kasher				2601 Patriot Blvd				Glenview, IL 60026		
VP	Bob Meekin			8001 Bloomington Fwy			wy	Bloomington, MN 55420		
	* See attached sheet									
40 1						d- 46-1	and ded for in the	- to 507 - 047 5 0 15 orthogonal field that the selling		

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.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Kasher

12/22/08

847-832-3675

PAGC 343

Title	Name of Officers and/or	Directors Address	City, State, Zip
VP	Brian Tsuchiya	8001 Bloomington Fwy	Bloomington, MN 55420
VP	Tony Florek	2601 Patriot Blvd	Glenview, IL 60026
VP	Tom Woods	8001 Bloomington Fwy	Bloomington, MN 55420
VP	Barbara Van Someren	2601 Patriot Blvd	Glenview, IL 60026
VP	Kevin Mensink	8001 Bloomington, Fwy	Bloomington, MN 55420
VP	Keith Lewis	8001 Bloomington Fwy	Bloomington, MN 55420
Asst Sec	Lisa Ginensky	2601 Patriot Blvd	Gl'enview, IL 60026