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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 DEC 29 AM 11:20

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004053

1. Corporation Name
GN Hearing Care Corporation

REINSTATEMENT 07-08
B 12/29/08
900139307569
12/29/08--01003--014 **\$300.00
CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #
2601 Patriot Blvd.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Glenview, IL

Zip Country
60026 USA

4. Date Incorporated or Qualified To Do Business in Florida **7/14/05**

5. FEI Number **77-0019588** Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive, Suite 4

Suite, Apt. #, Etc.

City State Zip Code
Weston FL 33331

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date **12/23/08**
Angela Gawlinski Asst. 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
COO	Richard Swanson	8001 Bloomington Fwy	Bloomington, MN 55420
PRES	Bjorn Christ	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	Bloomington, MN 55420
	* See attached sheet		

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.

SIGNATURE: *[Signature]* **12/23/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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State

FL

Zip Code

33331

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Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Kasher

Date

12/22/08 847-832-3675

Daytime Phone #

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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	Glenview, IL 60026