1 of 3

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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 # F06000000073

1. Corporation Name

Vision Imaging Company, Inc.

REINSTATEMENT 2008

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 Dey Rd	237 North Valley Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Bldg 4
City & State: Wayne NJ	City & State: Paoli PA
Zip: 07470 Country: USA	Zip: 19301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3308183 ☐ Applied For ☐ Not Applicable

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

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

☒ 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 617.0505, F.S.

Signature of Registered Agent: Vicki Lee Owens Special Assistant Secretary Date: 11/18/08

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
	SEE ATTACHED LIST OF DIRECTORS/OFFICERS		

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 with 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: Kathryn C. Garcia 11/17/08 610-647-2121

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

Vision Research, Inc.
List of Officers and Directors

Name of Officer	Address	Title
David Zapico	37 N. Valley Road Paoli, PA 19301	Director
John J. Molinelli	37 N. Valley Road Paoli, PA 19301	Director
Alan H. Devenish	91 McKee Dr. Mahwah, NJ 07430	Director/President
Robert S. Feit	37 N. Valley Road Paoli, PA 19301	Vice President
Kathryn E. Sena	37 N. Valley Road Paoli, PA 19301	Secretary
William J. Burke	37 N. Valley Road Paoli, PA 19301	Treasurer
David A. Frank	37 N. Valley Road Paoli, PA 19301	Assistant Treasurer

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Florida Department of State
Division of Corporations
Public Access System

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

VISION IMAGING COMPANY, INC.

Certificate of Status	0
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