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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

PLASMA SURGICAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$1,050.00~~

450.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 AUG 11 AM 8:50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000001878

1. Corporation Name

Plasma Surgical Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1009 Mansell Road	1009 Mansell Road
Suite, Apt. #, etc. Suite F	Suite, Apt. #, etc. Suite F
City & State Roswell, GA	City & State Roswell, GA
Zip 30076 Country USA	Zip 30076 Country USA

CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida 3/23/2006

5. FEI Number 20-1190636 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahasee State: FL Zip Code: 32301

☑ 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: Joyce L. Markley — Joyce L Markley as its agent — Date: 8/11/09

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
CEO	Peter Gibson	Greenhays Abbotts Ann	Andover SP17BH UK
CFO	William Newlands	123 Elm Walk	London SW209EF UK

B 8/12/09

REINSTATEMENT 07-09

10. I certify that I am an officer or director or the receiver or trustee empowered to execute the application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the foreign entity name has been reinstated, 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 supplied on this application is true and accurate and any signature shall have the same legal effect as if made under oath.

SIGNATURE: William Newlands — William NEWLANDS — 6TH August 2009 — 7899 792982

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