

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

09 OCT 30 AM 11:28

**DOCUMENT # F07000002299**

1. Corporation Name

YSI Incorporated

800162352798  
10/30/09--01044--008 \*\*300.00

KS

**REINSTATEMENT 08-09**

2. Principal Office Address - No P.O. Box # 1725 Brannum Lane		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Yellow Springs, OH		City & State	
Zip 45387	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 04/30/07	
5. FEI Number 31-0526418	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd.

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 607.0605 or 617.0503, F.S.

Signature of Registered Agent Laura Broderick REGISTERED AGENT MUST SIGN

Name Laura Broderick Assistant Secretary Date 10/28/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

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: L.K. Edman Date 10/29/09 Daytime Phone # 981-767-7241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2009**  
**YSI KEY OFFICERS AND DIRECTORS**

NAME	TITLE	AGE YRS.	
*Richard J. Omlor	President, CEO	52	14
Anita Brown	Company Secretary	49	1
Leon R. Erdman, CPA	V.P. Finance & Administration, Treasurer	59	22
Ed King	V.P. Research & Development, CTO	49	1
Susan G. Miller	Assistant Company Secretary	62	22
Gayle Rominger	Executive Vice President	56	21
Fred Tolliver	V.P. Human Resources	60	4
* Bruce Bedford	Consultant	68	8
* Susanne J. Garay	Director	51	4
* Krishan K. Joshi, Ph.D.	Lead Director, President/CEO-UES, Incorporated	72	4
* Thomas J. Livelli	Vice President-Cellular Assay Systems Invitrogen Discovery Sciences, Inc.	52	11
* Malte von Matthiessen	Consultant	68	23
* Mary Alice Waggoner	YSI Employee	52	29
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* Directors			