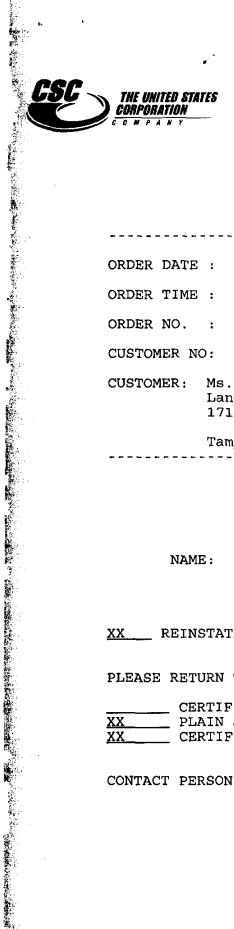
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION (Sandra B. Mortham FORTOM The fan las Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT #FLEU087 97 DEC 16 AM 9:57 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA Drug & Device Associates, Inc. Principal Place of Business Mailing Address 1312A Apollo Beach Blvd. Apollo Beach, FL 33572 If above addresses are incorrect in any way, fine through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 02/05/82 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2173562 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zip Country CERTIFICATE OF STATUS DESIRED [X] 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors City / State / Zip Donald J. Cattaneo Pres. 341 Village Drive St. Augustine, FL 32095 Sec-Treas Cheryl A. Cattaneo 341 Village Drive St. Augustine, FL 32095 REINSTATEME 300002373893--8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Donald J. Cattaneo Street Address (P.O. Box Number is Not Acceptable) 341 Village Drive St. Augustine, FL 32095 Suite, Apt. #. Etc. State Zip Code 10. I, being appointed the registered agent of the pale ed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 12/11/97 Signature of Registered Agent REGISTERED AGENT MUST SIGN Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes x_ No L 12. 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 filling this reinstalement 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 under section 119.07(3)(i). 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.

and the second section with the

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR



ACCOUNT NO. : 072100000032

REFERENCE : 637691

8793A

AUTHORIZATION :

COST LIMIT : \$1,767.50

ORDER DATE: December 16, 1997

ORDER TIME : 1:38 PM

ORDER NO. : 637691-005

CUSTOMER NO: 8793A

CUSTOMER: Ms. Margaret Williamson

Langford & Hill, P.a.

1715 West Cleveland Street

Tampa, FL 33606

DOMESTIC FILINGS

NAME:

DRUG & DEVICE ASSOCIATES,

INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jon A Bowling

EXAMINER'S INITIALS _____