

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 28 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000208

1. Corporation Name

Stadyn, Inc.

2. Principal Office Address

1811 Old Highway 8

Suite, Apt. #, etc.

New Brighton, MN

City & State

Zip
55112

Country
U.S.A

3. Mailing Office Address

1811 Old Highway 8

Suite, Apt. #, etc.

City & State

New Brighton, MN

Zip
55112

Country
U.S.A

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
- To Do Business in Florida

11/12/1992

5. FEI Number

84-0684224

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

Rehabiliticare Inc.

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

701 US Hwy. 301 South

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33619

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

W. Glen Winchell

Date

4-24-00

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
P/CEO	David - B. Kaysen	1811 Old Highway 8	New Brighton, MN 55112
V/O	W. Glen Winchell	1811 Old Highway 8	New Brighton, MN 55112
C	Robert C. Wingrove	1811 Old Highway 8	New Brighton, MN 55112
S	Thomas Martin	1811 Old Highway 8	New Brighton, MN 55112
V/O	William J. Sweeney	1811 Old Highway 8	New Brighton, MN 55112
V/O	Wayne K. Chrystal	1811 Old Highway 8	New Brighton, MN 55112

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 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.

SIGNATURE:

D.B. Kaysen

DAVID B. KAYSEN

4/20/00 (651)638-0419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)