PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

400024213334
10/28/03--01064--020 **758.75

DOCUMENT # **F93000002955**

1. Corporation Name

LAERDAL MEDICAL CORPORATION

Principal Place of Business	Mailing Address
167 MYERS CORNERS RD WAPPINGER FALLS NY 12950 US	167 MYERS CORNERS RD WAPPINGERS FALLS NY 12590 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/25/1993

5. FEI Number: 13-2587752 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	AASEN, TERJE	167 MYERS CORNERS RD	WAPPINGERS FALLS NY
D	OSMUNDSEN, TOR-MORTEN	TANKE SVILANDSGT 30, N-4001	STAVANGER NO
SD	SEIDLER, CHARLES J JR	156 WEST 56TH ST	NEW YORK NY 10019
VPAS	GUERTIN, ARMAND	167 MYERS CORNERS RD	WAPPINGERS FALLS NY 12590
CD	LAERDAL, TORE	TANKE SVILANDSGT 30, N-4001	STAVENGER, NORWAY
VD	DAHLL, HANS H	167 MYERS CORNERS RD	WAPPINGERS FALLS NY 12590

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE Kevin A. Sebunia, Asst. Sec'y Date: 10/22/03
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE 10/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #