

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 MAR 11 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004164

1. Corporation Name
Maxxim Medical, Inc.

Principal Place of Business Mailing Address
104 Industrial Boulevard 104 Industrial Boulevard
Sugarland, TX 77478-3128 Sugarland, TX 77478-3128

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

2. New Principal Office Address, If Applicable 10300 49th Street North Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 10300 49th Street North Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida September 13, 1993	
City & State Clearwater, Florida		City & State Clearwater, Florida		5. FEI Number 74-1941367	
Zip 33762		Zip 33762		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	Davidson, Kenneth W.	10300 49th Street North	Clearwater, FL 33762
V	Blazei, Alan S.	10300 49th Street North	Clearwater, FL 33762
VT	Graham, Peter M.	10300 49th Street North	Clearwater, FL 33762
V	DeHart, Henry	10300 49th Street North	Clearwater, FL 33762

REINSTATEMENT

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name
W. Thompson Thorn, III
Street Address (P.O. Box Number is Not Acceptable)
101 East Kennedy Boulevard
Suite, Apt. #, Etc.
Suite 2800
City
Tampa

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.

Signature of Registered Agent
W. Thompson Thorn, III
REGISTERED AGENT MUST SIGN

Date March 9, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Henry DeHart, Vice President

March 10, 1998 (813)561-210

Date Daytime Phone #