PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV -5 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004164

1. Corporation Name

MAXXIM MEDICAL, INC.

2. Principal Office Address	**3.** Mailing Office Address
477 Commerce Blvd	P.O. Box 2067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, FL	City & State: Oldsmar, FL
Zip: 34677 Country: U.S.	Zip: 34677 Country: U.S.

000034941875
11/24/03--01010--026 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 5/1/1993

5. FEI Number 74-1941367 ☐ 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: CT CORPORATION SYSTEM

REINSTATEMENT

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 11/05/2003
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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/D	Thomas R. Cochill	477 Commerce Blvd	Oldsmar, FL, 34677
V	Roy Bergquist	477 Commerce Blvd	Oldsmar, FL, 34677
T	Joseph J. Gagliardi	477 Commerce Blvd	Oldsmar, FL, 34677
D	Saul Fox	950 Tower Lane, Suite 1150	Foster City, CA, 94404
D	Jason Hurwitz	950 Tower Lane, Suite 1150	Foster City, CA, 94404

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: Roy Bergquist Roy Bergquist 11/4/03 813-814-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #