

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 18 PM 4:03

DOCUMENT # F94000002877

1. Corporation Name

Instrumentarium Imaging, Inc.
300 W. Edgerton Ave.
Milwaukee, WI 53207

2. Principal Office Address

300 W. Edgerton Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

Attn: Tax, PO Box 7550

Suite, Apt. #, etc.

City & State

Milwaukee, WI

City & State

Madison, WI

Zip

53207

Country

USA

Zip

53707-7550

Country

USA

REINSTATEMENT

95-01

**4. Date Incorporated or Qualified
To Do Business In Florida**

6/1/94

5. FEI Number

04-3001477

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

C T Corporation System

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

Christine M. Eastwine

Christine M. Eastwine
Assistant Secretary

Date 4/30/01

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
D	Folke Lindberg	300 W. Edgerton Ave.	Milwaukee, WI 53207
P	Michael Palazzola	300 W. Edgerton Ave.	Milwaukee, WI 53207
S	Eero Hautaniemi	300 W. Edgerton Ave.	Milwaukee, WI 53207
			600004425326--2
			-06/18/01--01125--001
			***1650.00 ***1650.00

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:

Michael Palazzola

Michael Palazzola

5-14-01

414-747-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)