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
1996 NOV -8 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000006287

1. Corporation Name

AUGUSTINE MEDICAL, INC.

Principal Place of Business	Mailing Address
10393 WEST 70TH STREET EDEN PRAIRIE MN 55344	10393 WEST 70TH STREET EDEN PRAIRIE MN 55344

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

REINSTATEMENT

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: 12/26/1995

5. FEI Number: 41-1590480 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

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
CEOD	AUGUSTINE, SCOTT D	9017 CAVELL CIRCLE	BLOOMINGTON MN
PD	THOMAS, JOHN E	9240 OVERLOOK TRAIL	EDEN PRAIRIE MN
S	ADAMS, TIMOTHY	1810 WEST FARM ROAD	LONG LAKE MN
T	COCKLIN, WILLIAM C	4108 POPLAR BRIDGE ROAD	BLOOMINGTON MN
D	CARTER, ORWIN	1029 THIRD AVENUE SOUTH	STILLWATER MN
D	HERMAN, JOHN	~~5959 EXCELSIOR BLVD, STE 600~~ 3800 Park Nicollet Blvd	ST LOUIS PARK MN

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

000661--8
-11/18/96--01007--001
****383.75 ****383.75

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: Susan J. Wunder Asst Sec — Date: 10-2-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED — 9/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Timothy Adams

CR2E040 (7/95)