

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000 4135

1. Corporation Name

Greiner America, Inc.

2. Principal Office Address

1205 Sarah Street

3. Mailing Office Address

1205 Sarah Street

Suite, Apt. #, etc.

Suite 141

Suite, Apt. #, etc.

Suite 141

City & State

Longwood, Florida

City & State

Longwood, Florida

Zip

32750

Country

USA

Zip

32750

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1996

5. FEI Number

51036625

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

Marcellene Kinsey

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

337 Green Ash Lane

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

[Signature]

Date

3/12/04

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
P	Wolfgang Hock	Greiner GmbH MaybachstraÙe-D-7443-Frickenhausen	
CD	Heinz Schmid	Greiner GmbH MaybachstraÙe 2 D-72636 Frickenhausen	
D	Timothy DeSutter	204 Norris Place	Casselberry, FL 32707

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)(f), 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]

[Signature]

3/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



greiner bio-one

www.gbo.com

Greiner Bio-One, Inc., 1205 Sarah St., Longwood, FL 32750

March 12, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Greiner America, Inc.
FEI No.: 51036625

Dear Sir or Madam:

We are hereby filing the enclosed Corporation Reinstatement form for Greiner America, Inc., a foreign (Delaware) profit corporation registered to do business in Florida. Also enclosed is a check in the amount of \$908.75, which constitutes our \$900.00 reinstatement fee plus \$8.75 for a Certificate of Status. Please file the enclosed Corporation Reinstatement Form and return a Certificate of Status to us at your earliest convenience.

Please call me if you have questions regarding this matter.

Sincerely,


Marcellene Kinsey
Registered Agent

Encls.

Charter Number Only

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Ev4

3/30/04

Requestor's Name

Address

City

State

ZIP

Phone

Atlantic

CORPORATION(S) NAME

Greiner America, Inc.

F96000004135



Empire Toll Free: 1-800-432-3028

RECEIVED

04 MAR 31 AM 10:15

DIVISION OF CORPORATIONS

- | | | |
|---|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input checked="" type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input checked="" type="checkbox"/> Pick Up | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY