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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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07 DEC 20 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005521			
1. Corporation Name Uroquest Medical Corporation			
2. Principal Office Address - No P.O. Box # 750 E. Swedesford Road		3. Mailing Office Address 750 E. Swedesford Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Valley Forge PA		City & State Valley Forge PA	
Zip 19482	Country USA	Zip 19482	Country USA
7. Name and Address of Current Registered Agent			
Name CT 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 Conie Bury REGISTERED AGENT MUST SIGN Date 12/20/07			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John T. Crowe	1199 S. Chillicothe Road	Aurora OH 44202
V	Jeffrey R. Dunn	1199 S. Chillicothe Road	Aurora OH 44202
V	M. Shawn Puccio	750 E. Swedesford Road	Valley Forge PA 19482
V	Steven F. Messmer	750 E. Swedesford Road	Valley Forge PA 19482
V/S	John R. Mesher	750 E. Swedesford Road	Valley Forge PA 19482
V/T	John J. Sweeney III	750 E. Swedesford Road	Valley Forge PA 19482
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 contained in Chapter 119, 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: sfm		Steven F. Messmer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **October 24, 1996**

5. FEI Number **59-3176454**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

12/20/07

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Officers/Directors, con't.

AT	Salvatore J. Marinari	750 E. Swedesford Road	Valley Forge PA 19482
AT	Miguel A. del Puerto	750 E. Swedesford Road	Valley Forge PA 19482
AS	Carol M. Gray	750 E. Swedesford Road	Valley Forge PA 19482

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : 8000000000000000
Phone : (850) 222-5926
Fax Number : (850) 678-5926

Please retain original filing

date of submission 12/20/07

CORPORATION REINSTATEMENT

UROQUEST MEDICAL CORPORATION

Certificate of Status	0
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