

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F96000006714**

1. Corporation Name

INFIMED, INC.

Principal Place of Business

**121 METROPOLITAN DR.
LIVERPOOL NY 13088**

Mailing Address

**121 METROPOLITAN DR.
LIVERPOOL NY 13088**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1996

5. FEI Number

11-2932413

Applied For

Not Applicable

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

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 | 4. City / State / Zip |
|-------------|--------------------------------------|---|-------------------------|
| -P | GREENWAY, WILLIAM O | 5726 BOB WHITE LANE | TULLY NY |
| V | OAKLEY, KEVIN C | 107 GREELEY CIR. | LIVERPOOL NY 13090 |
| SD | SHOENFELD, MARTHA | 1101 LINWOOD ST. | BROOKLYN NY 11208 |
| D | SHOENFELD, NORMAN | 1101 LINWOOD ST. | BROOKLYN NY 11208 |
| P | Jaeger, William D. | 2804 Hiltonwood Drive | Baldwinsville, NY 13027 |

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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

John S. Hoeng
REGISTERED AGENT MUST SIGN

Date

10/14/99

11. 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.

400003016294--1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cal. J.
William D. Jaeger

Date

10/13/99

Daytime Phone #

(315)453-4545

FILED

99 OCT 15 AM 7:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**





THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

COST LIMIT :

Patricia Pizut 2
\$750.00

ORDER DATE :

10/15/99

ORDER TIME :

ORDER NO. :

412837-5

CUSTOMER NO:

FILING

NAME:

Infimed, Inc.

EFFECTIVE DATE:

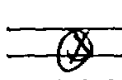


ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

Reinstatement

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:



CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

Tamara Odom

EXAMINER'S INITIALS

TS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 OCT 15 PM 3:54

RECEIVED