

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**

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

FILED

02 APR 17 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-02

DOCUMENT # **F97000004311**

1. Corporation Name
Seramed, Inc.

2. Principal Office Address
5655 Spalding Drive

3. Mailing Office Address
5655 Spalding Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Norcross, Georgia

City & State
Norcross, Georgia

Zip Country
30092 US

Zip Country
30092 US

4. Date Incorporated or Qualified To Do Business in Florida **8-15-97**

5. FEI Number
58-2142226

Applied For
Not Applicable

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

REINSTATEMENT

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 Rd

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

000005449790--4
-05/03/02--01052--001
***\$600.00 ***\$600.00

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, VS.

Signature of Registered Agent: **Dale W. Morris**
REGISTERED AGENT MUST SIGN

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date: **4/16/02**

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
	See attached exhibit		000005449790--4 -05/03/02--01052--002 ***\$300.00 ***\$300.00

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)(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: **Harold W. Ingalls** **Harold W. Ingalls, President** 4/16/02 678-728-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

The name and business address of the officers and directors of the corporation are as follows:

	NAME	BUSINESS ADDRESS
President:	David A. Dodd	5655 Spalding Drive, Norcross, Georgia 30092
*Vice President:	Jeffrey D. Linton	5655 Spalding Drive, Norcross, Georgia 30092
Treasurer:	Harold Ingalls	5655 Spalding Drive, Norcross, Georgia 30092
Clerk or Secretary:	Jeffrey D. Linton	5655 Spalding Drive, Norcross, Georgia 30092
*Assistant Clerk or Assistant Secretary:		
Directors:	David A. Dodd	5655 Spalding Drive, Norcross, Georgia 30092
	Jeffrey D. Linton	5655 Spalding Drive, Norcross, Georgia 30092