PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # F97000005870 98 NOV 23 AM 9: 22 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA Klöckner Bartelt/Medipak, Inc. Mailing Address Principal Place of Business 14501 58th Street Clearwater, FL 33760 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable
 N / A 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida NOVEMBER 6, N/A 1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5, FFI Number Applied For City & State City & State Not Applicable Zip \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip C,D Harry J.G. van Beek 3585 Klöckner Road Gordonsville, VA 22942 Michael F. Tubridy D,P 3585 Klöckner Road Gordonsville, VA 22942 Charles J. DeLanoy 3585 Klöckner Road D,T,S Gordonsville, VA 22942 <u> 200002703782---7</u> ·12/04/98 · ·01105--003 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Plantation, FL 33324 Suite, Apt. #, Etc. Zip Code 10. I, being appointed the registered agent of the above named corporation, artismiliar with and appear the obligations of Section 607.0505, F.S. assistant vice president Date REGISTERED LISENT MUST This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🗀 Intangible Personal Property fax due June 30. No L 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 filling Togethy that I am an office or director or the receiver of flustree empowers to execute this application, as provided for in chapter our or or it. 1.5. I not the centry that when mining 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 inglicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. November 16, 1998 SIGNATURE: SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

540-832-3400

Charles J. DeLanoy