

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 NOV 15 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005691

1. Corporation Name

HORIZON MEDICAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

ONE HORIZON WAY
MANCHESTER GA 31816

ONE HORIZON WAY
MANCHESTER GA 31816

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 99 e

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/1998

5. FEI Number

58-1882343

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR REINSTATEMENT

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTCD	PETERSON JR, WILLIAM E	1771 BENNING FIELD DRIVE	MARIETTA GA 30064
CD	HUNT, MARSHALL B	3835 PACES MANOR	ATLANTA GA 30339
D	ADAIR, CHARLES E	2436 WILLOW DRIVE 4121 Carmichael, Ste. 301	MONTGOMERY AL 36106
V	JEWETT, MARK Walter J. Fritschner	150 NORTHCREST DRIVE 21 Dupont Circle	NEWMAN GA Sugarland, TX 77479
D	COHEN, ROBERT	30 HEATHROW LANE 18953 Firethorn Pointe	SUGAR LAND TX Eden Prairie, MN 55347
D	SIMMONS, ROBERT J	880 E WOODLAND ROAD 290 E. Deepwater Rd, Ste. 290	LAKE FOREST IL 60045

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

500003063575--4

-12/07/99--01093--021

750.00 750.00

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Dale H. Morris

REGISTERED AGENT MUST SIGN

DALE H. MORRIS

ASSISTANT SECRETARY

11-9-99

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.

KE

SIGNATURE:

Walter J. Fritschner

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-9-99 (281) 265-1771