

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 29 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000000132**

1. Corporation Name
Swiftmed Corp.

2. Principal Office Address
1111 E. Amelia Street

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32803

Country

3. Mailing Office Address
1010 Murry Ridge Lane

Suite, Apt. #, etc.

City & State
Murrysville, PA

Zip
15668

Country

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida 01/08/1999

5. FEI Number
58-1648195

Applied For
Not Applicable

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

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

12/27/07

REGISTERED AGENT MUST SIGN

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		908043700129 12/23/04 01037 016 **1358.00

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)(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.

SIGNATURE:

St P. Fulton

Steven P. Fulton, VP

12/22/04

Date

(724)387-4001

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

2072

Swiftmed Corp.

Attachment to State of Florida Corporation Reinstatement

Officers of Swiftmed Corp.

TITLE	NAME	STREET ADDRESS	CITY/STATE/ZIP
P/D	John L. Miclot	1010 Murry Ridge Lane	Murrysville, PA 15668
VP/D	William J. Post	1001 Murry Ridge Lane	Murrysville, PA 15668
VP/T	Daniel J. Bevevino	1010 Murry Ridge Lane	Murrysville, PA 15668
VP/D	Steven P. Fulton	1010 Murry Ridge Lane	Murrysville, PA 15668
S	Dorita A. Pishko	1010 Murry Ridge Lane	Murrysville, PA 15668