

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -6 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000000461**

1. Corporation Name

Lynx Medical Systems Inc.

REINSTATEMENT 07-10

600174684676
04/06/10--01035--009 **608.75
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

100 Quannapowitt Parkway

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wakefield, MA

City & State

Zip

01880

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-25-99

5. FEI Number

91-1263758

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 Systems

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

*** see attached, per agent copy is okay**

Date

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
Director/ CEO	Todd Cozzens	100 Quannapowitt Pkwy.	Wakefield, MA 01880
Pres./ COO	Christine Cournoyer	100 Quannapowitt Pkwy.	Wakefield, MA 01880
CFO/ Sec.	Melissa Cruz	100 Quannapowitt Pkwy.	Wakefield, MA 01880
Exec. VP Int'l Ops	Elizabeth Popovich	100 Quannapowitt Pkwy.	Wakefield, MA 01880

24/8

10. E-mail Address: **paul_jalbert@picis.com and alicia_dwyer@picis.com**

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melissa Cruz

3/25/10

781-557-2208

Date

Daytime Phone #

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**CORPORATION
REINSTATEMENT**



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DOCUMENT #

1. Corporation Name

Lynx Medical Systems Inc.

REINSTATEMENT 07-10

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 100 Quannapowitt Parkway		3. Mailing Office Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wakefield, MA		City & State	
Zip 01880	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1-25-99	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number 91-1263758	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.	SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY	3/25/2010
Signature of Registered Agent		

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
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SIGNATURE:	Melissa Cruz	3/25/10	781-557-2208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #