PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1/2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 21 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K72341

1. Corporation Name

IMPLA-MED INCORPORATED

Principal Place of Business	Mailing Address
13794 N.W. 4TH STREET SUITE 207 SUNRISE, FL 33325	C/O COOKSON AMERICA, INC. ONE COOKSON PLACE PROVIDENCE, RI 02903

REINSTATEMENT

94-98 AD

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

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/89

5. FEI Number: 65-0107772 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required 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)

100002624724--3
-08/25/98--01060--013
***1350.00 ***1350.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	JAMES P. BROWN	23 FRANK MOSSBERG DRIVE	ATTLEBORO, MA 02703
TREAS.	RICHARD V. POWERS	110 FRANK MOSSBERG DRIVE	ATTLEBORO, MA 02703
SEC.	FRANK T. CAPRIO	ONE COOKSON PLACE	PROVIDENCE, RI 02903
DIR.	RICHARD V. POWERS	110 FRANK MOSSBERG DRIVE	ATTLEBORO, MA 02703
DIR.	JAMES E. CARR	110 FRANK MOSSBERG DRIVE	ATTLEBORO, MA 02703
DIR.	JAMES P. BROWN	23 FRANK MOSSBERG DRIVE	ATTLEBORO, MA 02703

8. Name and Address of Current Registered Agent

9. Name and Address of New 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

CR2E040 (1/98)

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Salvina Amenta-Gray — REGISTERED AGENT MUST SIGN
SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY 8-13-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

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 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: FRANK T. CAPRIO, SECRETARY 8/12/98 401-521-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADDITIONAL OFFICERS OF IMPLA-MED INCORPORATED

Chairman, John W. Conley, 110 Frank Mossberg Drive, Attleboro, MA 02703
Assistant Treasurer, Stuart L. Daniels, One Cookson Place, Providence, RI 02903
Assistant Treasurer, John H. Doherty, One Cookson Place, Providence, RI 02903
Assistant Secretary, Providencia Ortiz, One Cookson Place, Providence, RI 02903
Assistant Treasurer, Mark J. Pechak, One Cookson Place, Providence, RI 02903