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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -6 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000015930

1. Limited Liability Company's Name

MAXXIM MEDICAL, LLC

2. Principal Office Address	3. Mailing Office Address
477 COMMERCE BLVD	P.O. Box 2067
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OLDSMAR FL	City & State: OLDSMAR FL
Zip: 34677 Country: U.S.	Zip: 34677 Country: U.S.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/21/2000

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 11/05/2003

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	THOMAS R. COCHILL	477 Commerce Blvd	Oldsmar, FL, 34677
MGR	ROY BERGQUIST	477 Commerce Blvd	Oldsmar, FL, 34677
MGR	JOSEPH J. GAGLIARDI	477 Commerce Blvd	Oldsmar, FL, 34677

REINSTATEMENT 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Roy Bergquist Date: 11/4/03 Daytime Phone #: 813-814-4800

Typed or printed name of signing Managing Member/Manager: ROY BERGQUIST