

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 62

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M92107

1. Corporation Name

WORLD MEDICAL MANUFACTURING CORPORATION

300029021353

04/01/04--01025--009 **141.25

300029021353

02/18/04--01034--020 **758.75

2. Principal Office Address

3576 UNOCAL PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

3576 UNOCAL PLACE

Suite, Apt. #, etc.

City & State

SANTA ROSA, CA

Zip

95403

Country

USA

City & State

SANTA ROSA, CA

Zip

95403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-02-1988

5. FEI Number

65-0135550

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

[Signature]

James A. Bordonaro
Assistant Secretary

1/26/04

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 Officers and/or Director	City/State/Zip
P	WILLIAM A. HAWKINS	3576 UNOCAL PLACE	SANTA ROSA, CA 95403
V/D	ROBERT L. RYAN	710 MEDTRONIC PARKWAY	MINNEAPOLIS, MN 55432
V/T/D	GARY L. ELLIS	710 MEDTRONIC PARKWAY	MINNEAPOLIS, MN 55432
V/S/D	RONALD E. LUND	710 MEDTRONIC PARKWAY	MINNEAPOLIS, MN 55432
V	MARGARET A. OSBORNE	710 MEDTRONIC PARKWAY	MINNEAPOLIS, MN 55432
V	CATHERINE M. SZYMAN	3576 UNOCAL PLACE	SANTA ROSA, CA 95403

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:

[Signature]

CATHERINE M. SZYMAN

2/7/04

707 525-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
OFFICERS AND DIRECTORS

Title	Name	Address
P	William A. Hawkins	3576 Unocal Place, Santa Rosa, CA 95403
V/D	Robert L. Ryan	710 Medtronic Parkway NE, Minneapolis, MN 55432
V/S/D	Ronald E. Lund	710 Medtronic Parkway NE, Minneapolis, MN 55432
V/T/D	Gary L. Ellis	710 Medtronic Parkway NE, Minneapolis, MN 55432
V	Catherine M. Szyman	3576 Unocal Place, Santa Rosa, CA 95403
V	Margaret A. Osborne	710 Medtronic Parkway NE, Minneapolis, MN 55432
Assistant S	Carol E. Malkinson	710 Medtronic Parkway NE, Minneapolis, MN 55432
Assistant S	Mark A. Schlossberg	3576 Unocal Place, Santa Rosa, CA 95403
Assistant S	Marlon Housman	3576 Unocal Place, Santa Rosa, CA 95403