

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 8:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000011029

1. Corporation Name

RGI MEDICAL MANUFACTURING, INC.

Principal Place of Business

Mailing Address

7647 N.W 36TH AVE  
 GAINESVILLE FL 32606

7647 N.W 36TH AVE  
 GAINESVILLE FL 32606



REINSTATEMENT 03

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

4. Date Incorporated or Qualified To Do Business in Florida

01/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0438-322

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	KAHN, HENRY J	PO BOX 358411	GAINESVILLE FL 32635
D	KAHN, DARREN	PO BOX 358411	GAINESVILLE FL 32635
D	KAHN, NOREEN J	PO BOX 358411	GAINESVILLE FL 32635

800023805278  
 10/15/03--01022--010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KAHN, KERRY ANNE  
 7647 N.W 36TH AVE  
 GAINESVILLE FL 32606

Name

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

Suite, Apt. #, Etc.

City

State  
 FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

*Kerry Anne Kahn*  
 SIGNATURE OF REGISTERED AGENT MUST SIGN

Date

10-9-03

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 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:

*Glenda E. Hood*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

(352) 378-3633

CR2E040 (7/03)

RGI MEDICAL MANUFACTURING INC.  
7647 N W 36<sup>TH</sup> AVENUE GAINESVILLE, FLORIDA 32606  
TELEPHONE: 352-378-3633 FAX: 352-378-3661

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October 9, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P O Box 6327  
Tallahassee, Fl. 32314-6327

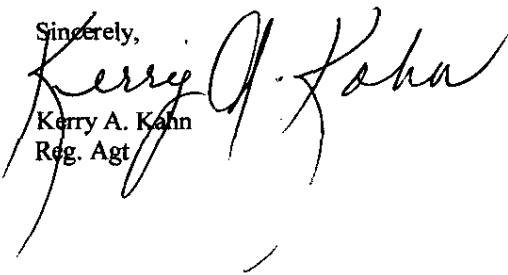
RE: Notice of Dissolution  
Document P02000011029

To Whom It May Concern:

Please be advised that I have searched all the Corporation records which have been received by RGI over the last several months and do not find that we ever received an Annual Report Application. With this in mind, please find enclosed a completed Application for Reinstatement, together with a Company check in the amount of \$150.00.

Please forward the Reinstatement to the Corporate address: 7647 N W 36<sup>th</sup> Ave, Gainesville, Florida 32606.

Sincerely,

  
Kerry A. Kahn  
Reg. Agt