

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

7647 N.W. 36TH AVE
GAINESVILLE FL 32606

Mailing Address

7647 N.W. 36TH AVE
GAINESVILLE FL 32606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2002

5. FEI Number

51-0438-322

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

9. Name and Address of New Registered Agent

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 Kahan
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:

Kerry Anne Kahan
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 36TH AVENUE GAINESVILLE, FLORIDA 32606
TELEPHONE: 352-378-3633 FAX: 352-378-3661

October 9, 2003

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

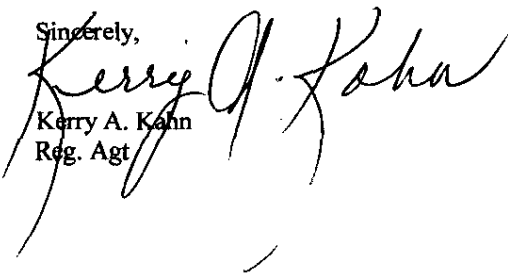
RE: Notice of Dissolution
Document P02000011029

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 36th Ave, Gainesville, Florida 32606.

Sincerely,


Kerry A. Kahn
Reg. Agt