FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 MAY 15 PM 3:24

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT # P17985

1. Corporation Name

Kinetic Biomedical Services, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4509 W. Ridge Road		4509 W. Ridge Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Erie, PA		Erie, PA	
Zip	Country	Zip	Country
16506	USA	16506	USA

4. Date Incorporated or Qualified To Do Business In Florida 02/11/1988

5. FEI Number 25-1563482 ☐ 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	State	Zip Code
Plantation	FL	33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date
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 Officer and/or Director	City / State / Zip
Prs/Dir.	Robert Kuttch	955 Chesterbrook Blvd., Ste. 300	Wayne, PA 19087
Sr. VP	C. Phillip Wells	2400 Yorkmont Rd.	Charlotte, NC 28217
Trs/Dir	Daniel Gatti	955 Chesterbrook Blvd., Ste. 300	Wayne, PA 19087
Sec	M. Ellen Moffett	955 Chesterbrook Blvd., Ste. 300	Wayne, PA 19087

5/15/08

REINSTATEMENT

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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 contained in Chapter 119, 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: C. Phillip Wells C. Phillip Wells 4/28/08 (704)329-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL810 - 02/15/2006 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

KINETIC BIOMEDICAL SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00

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