	PLEASE READ	ALL INSTRUC	110112	SEFURE (DOMPLE !				
CORPORATION FLOR REINSTATEMENT		Secreta	ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			O3 DEC -2 PM 2:38			
DOCU	JMENT # P17985								
Kinetic Biomedical Services, Inc.						200025425282 12/11/0301050016 **2470.00			
2. Principal Office Address 3. Mailing			Office Address		REINSTATEMENT 91-0				
	9 W Ridge Road	Same			4/				
Suite, Apt. i	#, etc. 1	Suite, Apt. #, etc.			4. Date incorporated or Qualified				
City & State	9	City & State			To Do Business in Florida 12/24/87 5. FEI Number Applied For				
	e, PA	Zia Country			25–1563482 Not Applicable				
^{Zíp} 165	06 . Country USA	Zip	Country		6. CERTIFICATE	E OF STATU	S DESIRED \$8.75 Additional for a Certifical	I Fee required te of Status	
		7. Name and	Address of	Current Register	ed 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 Signature of Registered	Agent 1	re named corporation, am	aniA.	ASSE	eligations of section	on 607.050 Date	05 or 617.0503, F.S.	CDSCORTAGES	
9. Names	and Street Addresses of Each Officer and	/or Director (Florida nonpi	rofit corporation	ons must list at lea	est 3 directors)				
Titles	Name of Officers and/or Directors			Address of Each er and/or Director			City / State / Zip		
C/D	James I. Laughner	4509	9 West	Ridge Ro	ad` -	Erie	, PA 16506		
P/D	James A. Graham	4509	West_	Ridge Roa	ad	Erie	, PA 16506		
S/D	James D. McDonald	4509	West	Ridge Roa	ad	Erie	, PA 16506		
T/D	Robert P. Amendola	4509	West :	Ridge Roa	ad	Erie	, PA 16506		
							·		
			·			_			
this rein owed by		dution has been eliminated arnes of individuals listed mature shall have the sam	d, the corpora on this form d se legal effect	te name satisfies to not qualify for a as if made under	the requirements in exemption unde	of section	607.0401 or 617.0401, F.S., that 119.07(3)(i), F.S. The information $814-836-98$	t all fees indicated	
	SIGNATURE AND TYPED OR PRI	ITED NAME OF SIGNING OF	FICER OR DIR	ECTOR		Pale	Daytime Phone #	ı	