

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1998 MAR 20 PM 2: 40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P37428**  
1. Corporation Name  
**TERUMO MEDICAL CORPORATION**

Principal Place of Business Mailing Address  
~~2100 COTTONTAIL LANE~~ ~~2100 COTTONTAIL LANE-~~  
SOMERSET NJ 08873 SOMERSET NJ 08873

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



2. New Principal Office Address, If Applicable <u>2101 Cottontail Lane</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>2101 Cottontail Lane</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>02/10/1992</b>	
City & State		City & State		5. FEI Number <b>34-1112331</b>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4
PCEO	DEVORE, RONALD E	2100 COTTONTAIL LANE	500002467095--7 -03/24/98 SOMERSET NJ 08873
PCEO	WACHI, TAKOSHI	44-1 2 CHOME, HATAGAYA, SHIBUYA-	TOKYO 151, JAPAN
DGM	TAKAHASHI, AKIRI DR.	44-1 3 CHOME, HATAGAYA, SHIBUYA-	TOKYO 151, JAPAN
DGM	NAKAO, KOJI	44-1 2 CHOME HATAGAYA, SHIBUYA-K	TOKYO 151, JAPAN
S	<del>LONG, WILLIAM</del> NIWOMIYA, Shogo	2100 COTTONTAIL LANE	SOMERSET NJ 08873

**REINSTATEMENT** 07/08/98 160 8/20/98

8. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION, INC.</b> 1201 HAYS STREET TALLAHASSEE FL 32301-2807		9. Name and Address of New Registered Agent Name <b>CORPORATION SERVICE COMPANY (CSC)</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b> Suite, Apt. #, Etc. City <b>TALLAHASSEE</b> State <b>FL</b> Zip Code <b>32301</b>	
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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.  
Signature of Registered Agent: John H. Pelletier **JOHN H. PELLETIER** ASST. VICE PRESIDENT Date: 1/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: S. NIWOMIYA **S. NIWOMIYA** FEB 3, 1998 732-302-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2040 (8/97)