

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT 25 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P37428**

1. Corporation Name
TERUMO MEDICAL CORPORATION

Principal Place of Business
**2101 COTTONTAIL LANE
 SOMERSET NJ 08873**

Mailing Address
**2101 COTTONTAIL LANE
 SOMERSET NJ 08873**



REINSTATEMENT *qq*

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 02/10/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 34-1112331	
City & State		City & State		Applied For Not Applicable	
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	4. City / State / Zip
PCEO	DEVORE, RONALD E	2101 COTTONTAIL LANE	SOMERSET NJ 08873
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/T	NINOMIYA, SHOGO	2101 COTTONTAIL LANE	SOMERSET NJ 08873
DGM	Mura, S	44-1 2 Chome Hatagaya	Tokyo 151, Japan

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name 3033333333	
		Street Address (P.O. Box Number) -11/03/99--01058--006	
		Suite, Apt. #, Etc. ***750.00 ***750.00	
		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 607.0605, F.S.

Signature of Registered Agent *[Signature]* Date **10/12/99**
 REGISTERED AGENT MUST SIGN

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.

KE

SIGNATURE: *[Signature]* **Shogo Ninomiya** 10/12/99 732-302-4900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #