SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION REINSTATEMENT

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

DOCUMENT # P92000008515

1. Corporation Name

Bauer Holding Corporation /f/k/a Bauer Medical, Inc.

99-00

REINSTATEMENT

2. Principal Office Address		**3.** Mailing Office Address	
P.O. Box 327		P.O. Box 327	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Indian Rocks Beach, FL		Indian Rocks Beach, FL	
Zip	Country	Zip	Country
33785	Pinellas	33785	Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 12/2/92

5. FEI Number: 59-3152845 ☐ 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: Tony N. Hanson

Street Address (P.O. Box Number is Not Acceptable): 2600 Beach Trail

Suite, Apt. #, Etc.: 2B

City: Indian Rocks Beach | State: FL | Zip Code: 33785

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Tony N. Hanson — REGISTERED AGENT MUST SIGN — Date: 12/10/00

CR2E081 (9/99)

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
Pres/ Dir	Tony N. Hanson	P.O. Box 327	Indian Rocks Beach, FL 33785
			AD

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 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: Tony N. Hanson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 12/10/00 — Daytime Phone #: 813-221-4607

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