

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 FEB 24 AM 8:00

DOCUMENT # P94000079642

1. Corporation Name

ENCORE MEDICAL, INC.

2. Principal Office Address

5307 GREAT OAK DR

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33815

Country

US

3. Mailing Office Address

5307 GREAT OAK DR

Suite, Apt. #, etc.

City & State

LAKELAND FL

Zip

33815

Country

US

**REINSTATEMENT**

03-04  
MPS

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/94

5. FEI Number

59-3321610

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

CHARLES A. MASEK, JR.

Street Address (P.O. Box Number is Not Acceptable)

3108 BRUTON RD

Suite, Apt. #, Etc.

City

PLANT CITY

100027604691

01/26/04--01071--005 \*\*750.00

100027604691

02/24/04--01038--008 \*\*150.00

FL

33565

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

*Charles A. Masek, Jr.*

Date 1-16-04

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
P.D.	CHARLES A. MASEK, JR.	3108 BRUTON RD	PLANT CITY, FL 33565
D	TERRY OWEN	601 E. ALTAMONTE DR	ALTAMONTE SPRINGS, FL 32701
D	JOE DAMICO	272 E. DEERPATH RD SUITE 350	LAKE FOREST, IL 60045
D	JACK MCGINLEY	272 E. DEERPATH RD SUITE 350	LAKE FOREST, IL 60045
D	TIM STACK	151 S. ROSE ST SUITE 600	KALAMAZOO, MI 49007
D	JOSEPH CARI, JR.	3500 THREE FIRST NATL PLAZA	CHICAGO, IL 60602

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:

*Charles A. Masek, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-04

Daytime Phone #

CR2E081 (10/02)