

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
ENCORE MEDICAL, INC.

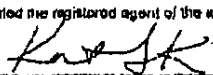
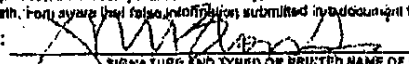
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RE-SUBMIT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 94000079642 1. Corporation Name Encore Medical, Inc.			
2. Principal Office Address - No P.O. Box # 5307 Great Oak Dr. Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State	
Zip 33815	Country USA	Zip	Country
7. Name and Address of Current Registered Agent Name CT Corporation Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
4. Date incorporated or Qualified To Do Business in Florida October 31, 1994 5. FEI Number 59-3321610 ☐ Applied For ☒ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 ☒ \$17.50			
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:  Kato Szumiek Assistant Secretary C T Corporation System Date November 18, 2011 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	Brian White	10232 S. 51st St.	Phoenix, AZ 850044
D	Tony McKinney	2825 Airview Blvd.	Kalamazoo, MI 49002
D	Timothy Scannell	2 Pearl Court	Allendale, NJ 07401
VP/T	Jeanne Blondia	2825 Airview Blvd.	Kalamazoo, MI 49002
VP/CFO	Timothy Einwochter	10232 S 51st St	Phoenix, AZ 05044
VP/S	Dean Bergy	2825 Airview Blvd.	Kalamazoo, MI 49002
10. E-mail Address: sara.souhard@stryker.com (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in my document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:  Jeanne M. Blondia November , 2011 269-389-7514 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			