


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: inline-block; text-align: center;"> CORPORATION REINSTATEMENT</div> <div style="display: inline-block; text-align: center; vertical-align: middle;">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</div>		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 01 SEP 14 PM 1:13	
DOCUMENT # P98000013273			
1. Corporation Name BMP Medical Products, Inc.			
2. Principal Office Address 868 Royal Birkdale Dr.		3. Mailing Office Address 868 Royal Birkdale Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL	
Zip 34689	Country Pinellas	Zip 34689	Country Pinellas
4. Date Incorporated or Qualified To Do Business in Florida 2/10/98		REINSTATEMENT 00-01 SP	
5. FEI Number 59-3495715		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name UCC Filing & Search Services, Inc.		500004597065--9	
Street Address (P.O. Box Number is Not Acceptable) 526 East Park Avenue		09/18/01 01040-022 ****900.00 ****900.00	
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
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 <u>Alison Harris, Assistant Secretary</u>		Date <u>9/14/01</u>	
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/S/T/D	Robert A. Butterworth	868 Royal Birkdale Dr.	Tarpon Springs, FL 34689
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)(f), 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: <u>Robert A. Butterworth</u>		Date <u>Sept. 5, 01</u> Daytime Phone # <u>423-878-6712</u> <u>727-939-0131</u>	

CR2E081 (8/00)