PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 12 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038867

1. Corporation Name
TRINITY Medical INC

2. Principal Office Address	3. Mailing Office Address
446 West Hillsboro Blvd	446 West Hillsboro Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deerfield Beach FL	City & State: Deerfield Beach FL
Zip: 33441 Country: BROWARD	Zip: 33441 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida: 7/1/98

5. FEI Number: 65 0831665 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kenneth KASSIN

Street Address (P.O. Box Number is Not Acceptable): 17249 North way Circle REINSTATEMENT 00-01 18

Suite, Apt. #, Etc.:

City: Boca RATON FL 33496 State: FL Zip Code: 33496

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent: [signature] Date: 6/18/01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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	Kenneth B KASSIN	1736 E Commercial Blvd	FT Lauderdale FL 33308
V Pres	Kenneth B KASSIN	1736 E Commercial Blvd	FT Lauderdale FL 33308
Sec/Trea	Kenneth B KASSIN	1736 E Comercial Blvd	FT Lauderdale FL 33308

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*****300.00 *****300.00

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: [signature] 6/18/01 954 528 28

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Corporate Supplemental Fee (Profit Corporations only)	$ 88.75 (for each year dissolved 1992 forward)	N/A
Minimum Amount Due	$750.00	236.25