


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
FILED

05 NOV 21 AM 5:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819098

1. Corporation Name

BSN-Jobst, Inc.

2. Principal Office Address

5825 Carnegie Blvd.

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip
28209

Country
USA

3. Mailing Office Address

5825 Carnegie Blvd

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip
28209

Country
USA

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida

3/5/1957

5. FEI Number
34-4468774

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

Corporation Service Company

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

1201 Hays Street

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

Evelyn Wright

REGISTERED AGENT MUST SIGN

Date

11/14/05

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 | Maurizio Ballicu | 5825 Carnegie Blvd | Charlotte, NC 28209 |
| S | David Detjen | 90 Park Ave | New York, NY 10016 |
| V | Allan Kilkka | 5825 Carnegie Blvd | Charlotte, NC 28209 |
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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:

Allan A. Kilkka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-05

Date

704-551-7187

Daytime Phone #