

1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000002466

1. Corporation Name
NGInstruments, Inc.

2. Principal Office Address - No P.O. Box # 4643 N. State Road 15 Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Warsaw, IN		City & State	
Zip 46582-7789	Country USA	Zip	Country

CR22081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
June 6, 2014

5. FEI Number
35-1956276

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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

State, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent *James M. Halpin* James M. Halpin Assistant Secretary Date 11/02/15

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Forrest Whitaker	272 E. Deerpath, Suite 208	Lake Forest, IL 60045
CFO	Barbara M. Sullivan	272 E. Deerpath, Suite 208	Lake Forest, IL 60045

10. E-mail Address: sdefilippis@avaligntech.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 a document to the Department of State constitutes a third degree felony as provided for in s 617.188, F.S.

SIGNATURE: *Barbara M. Sullivan* 11/2/15 847-739-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. ASHTON

2622

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
NGINSTRUMENTS, INC.**

Certificate of Status	0
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