PB 1 82

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000009582

1. Corporation Name

COAST TO COAST MEDICAL, INC

REINSTATEMENT 02-05 FR

2. Principal Office Address	**3.** Mailing Office Address
4960 SW 52ND ST	4960 SW 52ND ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
STE 411	STE 411
City & State	City & State
DAVIE FL	DAVIE FL
Zip / Country	Zip / Country
33314 USA	33314 USA

4. Date Incorporated or Qualified To Do Business in Florida: JAN. 2001

5. FEI Number: 65-1075098 ☐ 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: VLADISLAV SCHEDRIN

Street Address (P.O. Box Number is Not Acceptable): 8219 NW 8th ST

Suite, 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 2.1.05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	DIANA SCHEDRIN	8219 NW 8th ST	PLANTATION FL 33324
VP	VERA SCHEDRIN	1780 NE 191ST ST #200-2	N MIAMI BCH FL 33179
			100047043661 02/22/05--01024--017 **600.00

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: _____ DIANA SCHEDRIN 2.1.05 305-331-2406

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

P3 292

Coast to Coast Medical, Inc.

SURGICAL INSTRUMENT MAINTENANCE, REPAIR AND RESTORATION

"When perfection is demanded"

February 1, 2005

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Document# P01000009582 FEI: 65-1075098

To Whom It May Concern:

Please find enclosed our application for corporate reinstatement. We are also requesting that the penalties for reinstatement from 2002-2005 be waived as our previous registered agent did not perform his obligation by submitting annual reports nor did he inform us that this was not taken care of. Also, our address is incorrect in your system, so we were unaware this situation existed until today. We have listed our new registered agent on the application to avoid this problem in the future.

In addition, our list of officers is as follows:

Diana Schedrin, President
Vera Schedrin, Vice President

Enclosed is a check for $600 for the reinstatement fee to cover 2002 thru 2005.

If you have any additional questions please contact us immediately to avoid any further delays.

Thank you,

Diana Schedrin
President
Coast to Coast Medical, Inc
954-474-0185
954-474-2820 fax