PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR -6 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000042185

REINSTATEMENT 03-04

1. Corporation Name
Nova Mecamed, INC.

2. Principal Office Address	**3.** Mailing Office Address
8201 NW 64th St	3150 W. Hallandale Beach Blvd
Suite, Apt. #, etc. #8	Suite, Apt. #, etc. 26
City & State Miami FL	City & State Hallandale FL
Zip 33166 Country USA.	Zip 33009 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida 04/18/02

5. FEI Number 41-2042380 ☐ 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: Carlos D. Rando
000032006376D
03/09/04--01024--014 **150.00

Street Address (P.O. Box Number is Not Acceptable): 3150 W. Hallandale Beach Blvd
000032006376D
04/06/04--01005--026 **150.00

Suite, Apt. #, Etc.: #26

City: Hallandale | State: FL | Zip Code: 33009

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: [signature] REGISTERED AGENT MUST SIGN

Date: 03/05/04

CR2E081 (01/04)

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
PD	Carlos D. Rando	3150 W. Hallandale Beach Blvd #26 Hallandale FL 33009	Hallandale FL 33009
VP	Omar E Montanez	3150 W. Hallandale Beach Blvd #26	Hallandale FL 33009

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] President. 03-05-04

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

Friday, 05 de March de 2004

Florida Department of State
Secretary of State
Division of Corporations

1, hereby , request a reinstatement for our company and, therefore the attached filled form.

Also , because we never received the original annual report form ; we request you to please , ware the reinstatement fee .

We include a check for 150,00 to cover the waived fee.

Sincerely

Carlos D. Rando
President

Nova Mecamed Inc.
3150 W. Hallandale Bch Blvd. # 26
Hallandale 33009- FL

End.: Reinstatement form.
Check # 1204 For $ 150,00