


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000072663 1. Entity Name MEDICALL UNIVERSE, INC.		
Principal Place of Business 1328 NW 24TH AVENUE MIAMI, FL 33125		Mailing Address 1328 NW 24TH AVENUE MIAMI, FL 33125
2. Principal Place of Business 1750 W 32 PLACE	3. Mailing Address 1750 W 32 PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State HALEAH FL	City & State HALEAH FL	
Zip 33012	Country USA	Zip 33012
Country USA	Country USA	

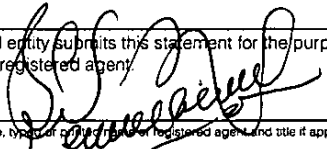
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 05 OCT 20 PM 8:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 2005

4. FEI Number 20-1082728				Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Not Applicable
6. Name and Address of Current Registered Agent PEREZ, SERAFIN 1328 NW 24TH AVENUE MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1750 W 32 PLACE City HALEAH FL Zip Code 33012		

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **10-16-05**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SERAFIN	NAME	
STREET ADDRESS	1328 NW 24TH AVENUE	STREET ADDRESS	1750 W 32 PLACE
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	HALEAH FL 33012
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVESA, JOAQUIN	NAME	200060820342
STREET ADDRESS	1328 NW 24TH AVENUE	STREET ADDRESS	10/20/05--01042--008 **150.00
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE VARONA, JOSE	NAME	
STREET ADDRESS	1328 NW 24TH AVENUE	STREET ADDRESS	1750 W 32 PLACE
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	HALEAH FL 33012.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **10-16-05** (305) 8896484

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