


2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 JAN 12 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072663 1. Entity Name MEDICALL UNIVERSE, INC.	
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Principal Place of Business 1750 W. 32 PLACE HIALEAH, FL 33012	Mailing Address 1750 W. 32 PLACE HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 7312 NW 8 ST	3. Mailing Address 7312 NW 8 ST
Suite, Apt. #, etc. G	Suite, Apt. #, etc. G

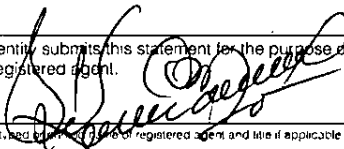
City & State MIAMI FL	City & State MIAMI FL
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Zip 33166	Country USA	Zip 33166	Country USA
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REINSTATEMENT 08-09
01/12/09 REINSTATEMENT 01/12/09 (1/07)

6. Name and Address of Current Registered Agent PEREZ, SERAFIN 1750 W. 32 PLACE HIALEAH, FL 33012	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7312 NW 8 ST STE G City MIAMI FL Zip Code 33166
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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.

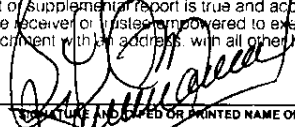
SIGNATURE:  DATE: **01/07/09**

Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, SERAFIN 1750 W. 32 PLACE HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 7312 NW 8 ST STE G MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300140378669 01/12/09--01064--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **SERAFIN PEREZ** DATE: **01/07/09** DAYTIME PHONE #: **786-3372250**

Signature and typed or printed name of signing officer or director

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