


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 14 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000021951**  
1. Corporation Name  
**TRI-MED HEALTH CORP**

2. Principal Office Address  
**9050 PINES BLVD**

3. Mailing Office Address  
**2932 SW 141 TER**

Suite, Apt. #, etc.  
**101**

Suite, Apt. #, etc.

City & State  
**PEMBROKE PINES, FL**

City & State  
**DAVIE, FL**

Zip  
**33024**

Country  
**BROWARD**

Zip  
**33330**

Country  
**BROWARD**

**REINSTATEMENT 02-03**

4. Date Incorporated or Qualified To Do Business in Florida  
**03-24-93**

5. FEI Number  
**65-0396475**

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  
**GUTIERREZ, MARLEN**

Street Address (P.O. Box Number is Not Acceptable)  
**2932 SW 141 TER**

Suite, Apt. #, Etc.

City  
**DAVIE**

State  
**FL**

Zip Code  
**33330**

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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  
*Marlen Gutierrez*

REGISTERED AGENT MUST SIGN

Date  
**4/4/03**

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
DP	GUTIERREZ, MARLEN	2932 SW 141 TER	DAVIE, FL 33330
DS	GUTIERREZ, MARLEN	2932 SW 141 TER	DAVIE, FL 33330
DT	GUTIERREZ, MARLEN	2932 SW 141 TER	DAVIE, FL 33330
DVP	GUTIERREZ, RAFAEL	2932 SW 141 TER	DAVIE, FL 33330

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: *Marlen Gutierrez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**4/4/03**

Daytime Phone #

CR2E081 (9/01)

*9/1/02*