


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 JAN 30 PM 12:22

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 9400007575

1. Corporation Name

Med-Tech Resources, Inc.

2. Principal Office Address

5703 NW 35th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

3. Mailing Office Address

5703 NW 35th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33142

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida

10/20/1994

5. FEI Number

650529593

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

The Law Office of Craig Dorn, PA

Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Rd

Suite, Apt. #, Etc.

Penthouse Southeast

City

Miami Beach

State

FL

Zip Code

33135

70002830928  
02/05/04--01063--025 \*\*\*00.00

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

*Craig Dorn*  
REGISTERED AGENT MUST SIGN

Date

1/26/04

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
PSD	Esguenczi, Albert	5703 NW 35th Ave	Miami, FL 33142

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:

*Albert Esguenczi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04 3057631180

Daytime Phone #

CR2001 (1/02)

# Law Offices of Craig M. Dorne, P.A.

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January 27, 2004

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Med-Tech Resources, Inc.

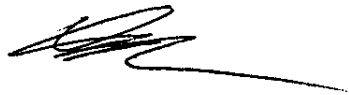
To whom it may concern:

The undersigned is requesting the waiver of the penalty for reinstatement of the above corporation as the annual report for last year was not received by the company. Enclosed herewith is the reinstatement form for reinstatement of the above corporation.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

The Law Offices of  
Craig M. Dorne, P.A.



Craig M. Dorne, Esq.  
For the Firm

CMD/ig  
Enclosure