

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
01 SEP 19 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P95000032462  
**1. Corporation Name**  
YAMIRA MEDICAL EQUIPMENT, INC.

400004610784--9  
-09/25/01--01082--030  
\*\*\*\*150.00 \*\*\*\*150.00  
00-01

**2. Principal Office Address**  
CALLE FERNANDEZ GARCIA #26  
**3. Mailing Office Address**  
3636 SW 87TH AVENUE

Suite, Apt. #, etc. LOCAL 3 - LUQUILLO PLAZA  
City & State LUQUILLO, PUERTO RICO  
Zip 00773 Country P. RICO

Suite, Apt. #, etc.  
City & State MIAMI, FL.  
Zip 33165 Country U.S.A.

**4. Date Incorporated or Qualified To Do Business in Florida** 04/26/95  
**5. FEI Number** 65-0575678  
**6. CERTIFICATE OF STATUS DESIRED**  **Additional Fee required for a Certificate of Status** \$9.75

**7. Name and Address of Current Registered Agent**

Name KIMRAJ AMRUD  
Street Address (P.O. Box Number is Not Acceptable) 1501 FOUNTAINEBLEAU BLVD., APT. 609  
Suite, Apt. #, Etc. 609  
City MIAMI  
State FL Zip Code 33172

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.**

Signature of Registered Agent *[Signature]* Date 24 Aug -01  
REGISTERED AGENT MUST SIGN

**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
PRES	KIMRAJ AMRUD	1501 FOUNTAINEBLEAU BLVD., APT. 609	MIAMI, FL, 33172

**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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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]* Date 24/8/01 Daytime Phone #

CREDIT (10/02)