PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000074564

1. Corporation Name
GENESIS MEDICAL EQUIPMENT, INC.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
3383 N.W. 7th ST	SAME
Suite, Apt. #, etc.: SUITE 307	Suite, Apt. #, etc.: SAME
City & State: MIAMI, FL.	City & State: SAME
Zip: 33125 Country: MIAMI-DADE	Zip: SAME Country: SAME

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0943062 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ROBERTO LUCIANI

600004538866--4
-08/14/01--01064--007
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 3383 N.W. 7th ST

Suite, Apt. #, Etc.: SUITE 307

City: MIAMI — State: FL — Zip Code: 33125

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: _____ Date: JUNE 29,2001

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
P/D	LUCIANI ROBERTO	1730 S.W. 99th Court	MIAMI, FL. 33165
ST/D	LUCIANI EVELIN	1739 S.W. 99th Court	MIAMI, FL. 33165

00-01

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: _____ ROBERTO LUCIANI 06/29/2001

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