

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000055561**

1. Corporation Name

**ACE MEDICAL EQUIPMENT GROUP CORP.**

2. Principal Office Address

**1185 SW 26 ST**

Suite, Apt. #, etc.

**SUITE G 8 E**

City & State

**MIAMI, FLORIDA**

Zip

**33175**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 01-05**

**05/21/02 - 91233 005 \$550.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/24/1997**

5. FEI Number

**65-0764806**

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

**DANIEL VALDES**

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

**1535 SW 119 COURT**

Suite, Apt. #, Etc.

City

**MIAMI, FL. 33184**

State

**FL**

Zip Code

**33184**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**3/5/05**

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
PD	DANIEL VALDES	1535 SW 119 COURT	MIAMI FL. 33184

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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/05 (305) 3030486**

Date

Daytime Phone #

TUESDAY, MARCH 15, 2005

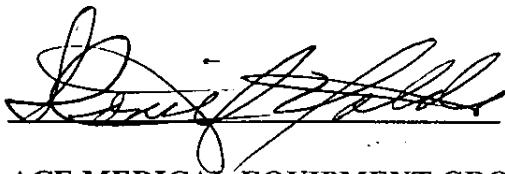
**DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EASTGAINES ST  
TALLAHASSEE, FL 32399**

**REF: ACE MEDICAL EQUIPMENT GROUP CORP.  
# P97000055561**

THE PURPOSE OF THIS LETTER IS TO LET YOU KNOW THAT I, ACE MEDICAL EQUIPMENT GROUP CORP., HAVENT BEEN ABLE, TO MAIL YOU THE UBR TO FACT, THAT UP TO THE ABOVE DATE, I HAVE NOT RECEIVE YOUR FORM TO EXECUTE IT.

I DO APOLOGY, FOR NOT WRITING YOU ERLIER, BUT I WAS WAITING FOR THE MAIL.

RESPECTFULLY YOURS

A handwritten signature in black ink, appearing to read 'Daniel Valdes', is written over a horizontal line.

**ACE MEDICAL EQUIPMENT GROUP CORP.  
DANIEL VALDES  
PRESIDENT**