PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF FLORIDA DEPARTMENT OF STATE APPLICATION, Sandra B. Mortham FOROLO Secretary of State LASTONO CORPORATIONS REINSTATEMENT 1997 APR 30 AM 9: 34 Rosen Medical Supply, Inc. DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name 114 N. E. 2nd Avenue Downtown, Miami, Florida 33132 Phone (305) 358-2012 Fax (305) 358-7504 Mailing Address 114 N.E. 2 ane meann, FL 33/32 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida Suite, Apt. #, etc. Suite, Apl. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) SURFSIDE, SURPS DE FL 33/5 3000021636U3 -05/07/97-01086-005 ****373.00 ****373.00 9. Name and Address of New Registered Agent article - Callivardo Name c/o Rosenda Co Street Address (P.O. Box Number is Not Acceptable) S.E. 2 ane Suite, Apt. #, Etc. State Zip Code miami, FL 3313/ FL 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. اریا Yes 12. 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 filling 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 path. NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ag2012

ROSEN	MEDICAL	SUPPLY,	INC.
r	114 MF 2nd	Avanua	

114 NE 2nd Avenue DOWNTOWN MIAMI, FLORIDA 33132

LETTER

Date 4-28-97

(305) 358-2012 FAX (305) 358-7504

> Department of State Division of Corporations Tallahassee, F1.32314

> > No roply necessary

Subject Reinstatement

Gentlemen: lease be advised that we never received the annual eport fee for 1996 due to incorrect address. ••0•• four reinstatement office confirmed that your records .ndicated a wrong address and that is why we never ..0.. eceived same. inclosed please find check for \$373.75 to cover. 200 - 00 + 165 * 00 + 'hanking you for your cooperation, 8 - 75 + 003 373.75 000 $0 \cdot 00$ Eva Rosen SIGNED