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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

DIVISION OF CORPORATION

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FOREIGN PROFIT/NONPROFIT CORPORATION

JI MEDICAL, INC.

Certificate of Status	0
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Estimated Charge	\$70.00

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **JI MEDICAL, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **California**

(State or country under the law of which it is incorporated)

3.

(FBI number, if applicable)

4. **November 17, 1994**

(Date of Incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

HAVE not yet

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **5812 W. Pico Blvd., #A, Los Angeles, CA 90019**

(Principal office address)

P.O. Box 64547, Los Angeles, CA 90064

(Current mailing address)

8.

Drop ship wheelchair parts to Florida residents

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Agents and Corporations, Inc.**

Office Address: **300 Fifth Avenue South, Suite 101-330**

Naples

(City)

, Florida **34102**

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SCOTT HIRSCHAddress: 5812 W Pico Blvd #ALos Angeles CA 90019Vice Chairman: Sam

Address: _____

Director: Shlomo ReznitzAddress: 5812 W Pico Blvd #ALos Angeles CA 90019Director: SCOTT HIRSCHAddress: 5812 W Pico Blvd #ALos Angeles CA 90019

B. OFFICERS

President: SCOTT HIRSCHAddress: 5812 W Pico Blvd #ALos Angeles, CA 90019Vice President: Shlomo ReznitzAddress: 5812 W Pico Blvd #ALos Angeles, CA 90019Secretary: SCOTT HIRSCHAddress: 5812 W Pico Blvd #A Los Angeles, CA 90019Treasurer: SCOTT HIRSCHAddress: 5812 W Pico Blvd #A Los Angeles CA 90019

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]

(Signature of Director or Officer listed in number 12 of the application)

14. SCOTT HIRSCH President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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**State of California
Secretary of State**

**CERTIFICATE OF STATUS
DOMESTIC CORPORATION**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 17TH day of NOVEMBER, 1994, JI MEDICAL, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
April 1, 2008.



Debra Bowen

DEBRA BOWEN
Secretary of State