Page 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 12 AM 9:31

DOCUMENT # F96000060 1301

B 5/14/09

REINSTATEMENT 00-09

300148289223
04/01/09--01002--024 **600.00
CR2E081 (12/08)

1. Corporation Name

OMV Medical Inc.

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
6940 Carroll Avenue	6940 Carroll Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Takoma Park, MD	City & State: Takoma Park, MD
Zip: 20912 Country: USA	Zip: 20912 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/13/1996

5. FEI Number: 521525316 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Jonathan Giddings REGISTERED AGENT MUST SIGN Date: 3/11/2009

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
President	Olga James	11556 Jamestown Ct.	Laurel, MD 20723
CFO/VP	Phillip M. Geraci	1712 Grandads Lane	Silver Spring, MD 20905
		300148289223 05/12/09--01023--007 **900.00	

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 contained in Chapter 119, 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: Phillip M Geraci 3/10/2009 (301)270-9212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OMV Medical, Inc.

Health Care Provider Services

6940 Carroll Avenue • Takoma Park, MD 20912 • Phone: 301-270-9212 • Fax: 301-270-9335

May 5, 2009

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: OMV Medical Inc.
Ref. Number: F96000001301

To whom it may concern:

OMV Medical Inc. is sending the balance of $900 so that we may reinstate our company in the state of Florida. We received Letter number 709A00011480 stating that we must pay a balance of $1500 in order for OMV to be reinstated.

We requested of Mr. Scott on May 4, 2009, that we might have the reinstatement fee of $600 waivered for reason of not having received notification of mandatory annually required corporate report form. Upon discussion with Mr. Scott he consented to waive the reinstatement fee for the above reason.

Thank you for your attention to this matter and we look forward to once again doing business with the state of Florida.

Sincerely,

Phillip M. Geraci
CFO

909 N.E. Loop 410, Suite 707 • San Antonio, TX 78209 • (Phone) 210-822-2290 • (Fax) 210-822-2353