PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 3

CORPORATION [redacted]

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

FILED
01 DEC -7 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600004714376--7

100004712411--9

DOCUMENT # F98000006415

1. Corporation Name GENERAL MEDICAL APPLICATIONS, INC

2. Principal Office Address	**3.** Mailing Office Address
1820 N. CORPORATE LAKES	794 HAWTHORN TERRACE
Suite, Apt. #, etc.: SUITE #206	Suite, Apt. #, etc.:
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33326 Country: BROWARD	Zip: 33327 Country: BROWARD

4. Date Incorporated or Qualified To Do Business in Florida 11/23/98

5. FEI Number 33-076 8081 ☐ 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

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 Laura R. [illegible] Date 12/6/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
C.E.O.	JOSE D. RUBINSTEIN	794 HAWTHORN TERRACE	WESTON, FL 33327
VICE-PRES	GABRIELLA GABOR	794 HAWTHORN TERRACE	WESTON, FL 33327
DIRECTOR	MYRON FALCHUK	110 FRANCIS ST. SUITE 8E	BOSTON, MA 02215

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: [signature] GABRIELLA GABOR 11/16/01 (954)6579310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

Weston, November 16, 2001

Dear Sirs:

The following is a request to waive the reinstatement fees for General Medical Applications, Inc. due to the fact that our Uniform Business Report was not forwarded to our current address (please review file)
Please note the following change in address:

794 Hawthorn Terrace
Weston, FL 33327

Thank you for your help in this matter. Sincerely

Gabriella Rubinsztain
General Medical Applications, Inc.

Page 2 of 3

ACCOUNT NO. : 072100000032

REFERENCE : 505275 7176073

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : November 29, 2001

ORDER TIME : 9:35 AM

ORDER NO. : 505275-005

CUSTOMER NO: 7176073

CUSTOMER: Ms. Gabriella Gabor
Ms. Gabriella Gabor
794 Hawthorne Terrace

Weston, FL 33327

DOMESTIC FILINGS

NAME: GENERAL MEDICAL APPLICATIONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EX 1156

EXAMINER'S INITIALS _____

01 DEC -6 PM 4:45

RECEIVED