

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|                                                                                                                                                                         |  |                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CORPORATION</b><br>                                                                 |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                     |  |
| <b>DOCUMENT #</b> F98000006415                                                                                                                                          |  |                                                                                                                                                     |  |
| <b>1. Corporation Name</b> GENERAL MEDICAL APPLICATIONS, INC                                                                                                            |  |                                                                                                                                                     |  |
| <b>2. Principal Office Address</b><br>1820 N. CORPORATE LAKES<br>Suite, Apt. #, etc.<br>SUITE # 206<br>City & State<br>WESTON, FL<br>Zip<br>33326<br>Country<br>BROWARD |  | <b>3. Mailing Office Address</b><br>714 HAWTHORN TERRACE<br>Suite, Apt. #, etc.<br>City & State<br>WESTON, FL<br>Zip<br>33327<br>Country<br>BROWARD |  |

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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100004712411--9

|                                                                                                                             |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/23/98                                                 |                                                        |
| <b>5. FEI Number</b><br>33-076-8081                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |                                                        |

|                                                                                                                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>7. Name and Address of Current Registered Agent</b><br>Name<br>CORPORATION SERVICE COMPANY<br>Street Address (P.O. Box Number is Not Acceptable)<br>1201 HAYS STREET<br>Suite, Apt. #, Etc.<br>City<br>TALLAHASSEE<br>State<br>FL<br>Zip Code<br>32301 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>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.</b><br>Signature of Registered Agent <u>Laura R. Arp</u> Date <u>12/6/01</u><br>REGISTERED AGENT MUST SIGN |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> |                                   |                                                |                    |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------|--------------------|
| Titles                                                                                                                               | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| CEO                                                                                                                                  | JOSE D. RUBINSZTAJN               | 714 HAWTHORN TERRACE                           | WESTON, FL 33327   |
| Treasurer                                                                                                                            | GABRIELLA LABOZ                   | 714 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:** Gabriella Laboz GABRIELLA LABOZ 11/16/01 (954) 659-9310  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Nov 16 01 05:14p

Joe Rubinsztain

954 6599393

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

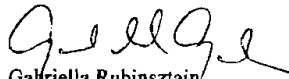
Weston, November 16, 2001

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.



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ACCOUNT NO. : 072100000032

REFERENCE : 505275 7176073

AUTHORIZATION : *Patricia Pizote*

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