


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 23047			
1. Corporation Name ABA Supplies & Medical Rentals INC			
2. Principal Office Address 4659 SW 71 Ave Suite, Apt. #, etc.		3. Mailing Office Address 4659 SW 71 Ave Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami Florida	
Zip 33155	Country U.S.	Zip 33155	Country U.S.
4. Date Incorporated or Qualified To Do Business in Florida 05/10/1988		5. FEI Number 050049860	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent Name Eduardo R. Salinas Street Address (P.O. Box Number is Not Acceptable) 4659 SW 71 Ave Suite, Apt. #, Etc. City Miami State FL Zip Code 33155			
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 E. Salinas Date 12/24/03 REGISTERED AGENT MUST SIGN			
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 and Owner	Eduardo Salinas	10225 SW 37 Terras	Miami FL 33155
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)(f), 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: E. Salinas Date 12/24/03 Daytime Phone # 305-975-1832 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
03 DEC 30 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **53**

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