PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000020197

LIMITED LIABILITY COMPANY REINSTATEMENT

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

APPROVED AND FILED

04 APR 23 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020197

1. Limited Liability Company's Name

ADCO MEDICAL SUPPLIES, LLC

REINSTATEMENT 2003 - 2004

2. Principal Office Address	3. Mailing Office Address
1850 NW 84 AVE	SAME
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33126 Country MIAMI-DADE	Zip Country

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 8/8/02

6. FEI Number 65-0302761 Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED X

8. Name and Address of Current Registered Agent

Name VIVIAN T. FIGUERAS

Street Address (P.O. Box Number is Not Acceptable) 11030 N. KENDALL DRIVE

100034832281
04/30/04 01029-003 **208.75

Suite, Apt. #, Etc. SUITE 200

City MIAMI State FL Zip Code 33176

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

X Signature of Registered Agent V. T. F. Date 4/22/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P/D	RAMON FALERO	1850 NW 84 AVE #100	MIAMI FL 33126

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information in this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

X Signature of Managing Member/Manager [signature] Date 4/20/04 Daytime Phone # (305) 529-2223

Typed or printed name of signing Managing Member/Manager RAMON FALERO

(305)
534-3427.