2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2005
Secretary of State

DOCUMENT# L03000026431

Entity Name: HELPING HANDS MEDICAL EQUIPMENT, LLC

Current Principal Place of Business:

4479 N. STATE RD 7
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

4479 N. STATE RD 7
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 20-0107874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CORPORATION SERVICE COMPANY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEVVA, DEBBIE
Address: 4479 N. STATE RD 7
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: MGR ( ) Delete
Name: CRAVER, RICHARD
Address: 4479 N. STATE RD. 7
City-St-Zip: FORT LAUDERDALE, FL 33319

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD CRAVEN MGR 10/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date