

L96000000417

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PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB -2 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/02/04--01063--004 **100.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000000417

1. Limited Liability Company's Name
REHAMED INTERNATIONAL, L.L.C.

2. Principal Office Address <u>14008 SW 140 ST</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>14008 SW 140 ST</u> Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33186</u>	Country <u>USA</u>	Zip <u>33186</u>	Country <u>USA</u>

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified To Do Business in Florida
8/29/96

6. FEI Number
650714760

7. CERTIFICATE OF STATUS DESIRED NO \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JOHN CADEN

Street Address (P.O. Box Number is Not Acceptable)
14008 SW 140 ST

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33186

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.

Signature of Registered Agent [Signature] Date 1/29/04

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
<u>Pres</u>	<u>JOHN CADEN</u>	<u>14008 SW 140 ST</u>	<u>MIAMI FL 33186</u>

M THOMAS
REINSTATEMENT 2003-2004

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 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 1/29/04 Daytime Phone # 305-DTS-1402

Typed or printed name of signing Managing Member/Manager JOHN CADEN

CFR2041 (10/02)



PAL - Portable Aquatic Lift
SPLASH! Aquatic Lift
SPLASH! Mariner
Voyager Series
Lifts for Cruise Ships

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04 FEB -2 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 29, 2004

State of Florida
Division of Corporations
Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

Enclosed is a Reinstatement form for our Company. This Company should have never been dissolved, as it has been active since its inception. The address for the Company in your records is incorrect and is the likely reason this dissolution occurred, as we never received any notices.

Please make any necessary corrections to insure that this does not happen again.

Enclosed is a check for \$100 to cover fees for 2003 and 2004.

Thank you for your cooperation.

John Caden
President & Registered Agent.

RehaMed International
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Miami, FL 33186
T 800/577-4424
T 305/255-1400
F 305/969-2155
www.poollifts.com

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