PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 22 AM 10:22

DOCUMENT # M03000002242

1. Limited Liability Company's Name
JDJ Medical Supplies, LLC

2. Principal Office Address		**3.** Mailing Office Address	
18851 NE 29 Avenue		18851 NE 29 Avenue	
Suite, Apt. #, etc. 700		Suite, Apt. #, etc. 700	
City & State Aventura, Florida		City & State Aventura, Florida	
Zip 33180	Country USA	Zip 33180	Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Hart, David J. Esq.

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06/29/05--01003--004 **260.00

Street Address (P.O. Box Number is Not Acceptable): 21 SE 1 Avenue

REINSTATEMENT 04-05

Suite, Apt. #, Etc.: 10th Floor

City: Miami | State: FL | Zip Code: 33131

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: David J. Hart
REGISTERED AGENT MUST SIGN

Date: 06/20/2005

CR2E041 (10/02)

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
MGRM	Rodriguez de Diaz, Blanca Cecilia	18851 NE 29 Avenue, Suite 700	Aventura, FL 33180
MGRM	Mendez, Patricia	18851 NE 29 Avenue, Suite 700	Aventura, FL 33180
MGRM	Diaz Jaramillo, Jorge	18851 NE 29 Avenue, Suite 700	Aventura, FL 33180

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: P. Mendez. Date: Jun 17, 05 Daytime Phone #: 305-949-7338

Typed or printed name of signing Managing Member/Manager: PATRICIA MENDEZ.