

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000058749

FILED
Sep 30, 2005
Secretary of State

Entity Name: FREE LINE MEDICAL EQUIPMENT CORP.

Current Principal Place of Business:

7979 W 25 AVE BAY #2
HIALEAH, FL 33016

New Principal Place of Business:

792 S E 6 PLACE
HIALEAH, FL 33010

Current Mailing Address:

7979 W 25 AVE BAY #2
HIALEAH, FL 33016

New Mailing Address:

792 S E 6 PLACE
HIALEAH, FL 33010

FEI Number: 65-1017463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTS, FERNANDO
792 S E 6 PLACE
HIALEAH, FL 33010 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: ILEANA FONTS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONTA, ILEANA
Address: 792 S E 6 PLACE
City-St-Zip: HIALEAH, FL 33016

Title: STD () Delete
Name: FONTA, ILEANA
Address: 792 S E 6 PLACE
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONTA, ILEANA
Address: 792 S E 6 PLACE
City-St-Zip: HIALEAH, FL 33016

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA FONTS

Electronic Signature of Signing Officer or Director

PD

09/30/2005

Date