H03000192269 6 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 12 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000059219

1. Corporation Name

GRAND MEDICAL SUPPLY INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
5755 West Flagler St	
Suite, Apt. #, etc. Ste# 211	Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33144 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 6-19-03

5. FEI Number 651018234 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: TOMAS P. BARRIOS

Street Address (P.O. Box Number is Not Acceptable): 199 SW 12 ave

Suite, Apt. #, Etc.: #3

City: Miami — State: FL — Zip Code: 33130.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: X Tomas Barrios — Date: 5-7-03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S/VP/T)	TOMAS P. BARRIOS	199 SW 12 Ave # 3	Miami, Fl 33130.

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: X Tomas Barrios — 05/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H03000192269 6

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

GRAND MEDICAL SUPPLY INC.

Certificate of Status	0
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