

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN 27 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800021298828  
07/03/03--01044--003 \*\*908.75

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** PO0000066349

1. Corporation Name  
**COSTA RICA MEDIREP, INC.**

2. Principal Office Address  
**48 East Flagler Street**

3. Mailing Office Address  
**48 East Flagler Street**

Subs. Apt. #, etc.  
**PH-105**

Subs. Apt. #, etc.  
**PH 105**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

4. Date Incorporated or Qualified  
in This Business in Florida **07/11/2000**

5. FEI Number

Applied Fee  
 Not Applicable

6. CERTIFICATE OF STATUS Obtained

7. Additional Fee assessed  
by Secretary of State

7. Name and Address of Current Registered Agent

Name  
**Daniel Moskowitz, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**48 East Flagler Street**

Subs. Apt. #, Etc.  
**PH-104**

City  
**Miami**

State  
**FL**

Zip Code  
**33131**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0302 or 617.0503, F.S.

Signature of Registered Agent *Daniel Moskowitz* DATE 6/26/03

REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Office and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Office and/or Director	City / State / Zip
D/P	Isaac Wassenstein	48 East Flagler Street, PH-105	Miami, Florida 33131

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in Sections 607 or 617, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have 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 addressable under section 118.07(3)(b), 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: *Isaac Wassenstein* **ISAAC WASENSTEIN** PRESIDENT  
DATE 06/25/03  
(305) 377 7492

SIGNATURE MUST BE IN PRINT OR PRINTED NAME OF OFFICER, RECEIVER OR DIRECTOR

**REINSTATEMENT 02-03**

SECRETARY OF STATE

TS