

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

DOCUMENT # P00000079217

1. Corporation Name
R MEDICAL EQUIPMENTS INC.

2. Principal Office Address
3750 WEST 16 AVE
 Suite, Apt. #, etc. 142-U
 City & State Hialeah FL
 Zip 33012 Country U.S.A

3. Mailing Office Address
same
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 AUG 25 AM 11:05

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida 08-22-00

5. FEI Number 65-1033520 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 JORGE ALICIA

Street Address (P.O. Box Number is Not Acceptable)
9591 FONTAINE BLEAU BLVD

Suite, Apt. #, Etc. 223

City MIAMI State FL Zip Code 33172

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 [Signature] Date 08/22/03

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
<u>Pres</u>	<u>JORGE ALICIA</u>	<u>9591 FONTAINE BLEAU BLVD</u>	<u>MIAMI FL 33172</u>

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 09/04/03--01094--005 **908.75

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: [Signature] Date 08/22/03 (786) 426 2501

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