


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	
		4. Date Incorporated or Qualified To Do Business in Florida 08-22-00	
		5. FEI Number 05-1033520	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 FONTAINEBLEAU BLVD			
Suite, Apt. #, Etc. 003			
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
Pres	JORGE ALICIA	9591 FONTAINEBLEAU BLVD	MIAMI FL 33172
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (786) 426 2501	