PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 OCT 10 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000022082

1. Corporation Name

MEDISER INTERNATIONAL CORP.

2. Principal Office Address	3. Mailing Office Address
2501 N. OCEAN BLVD.	4836 S. LEE RD.
Suite, Apt. #, etc. SUITE 10	Suite, Apt. #, etc.
City & State POMPANO BEACH, FL	City & State DELRAY BEACH, FL
Zip 33063 Country BROWARD	Zip 33445 Country PALM BEACH

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business In Florida 03/01/2001

5. FEI Number 65-1082715 ☐ 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: CARMEN ARANA

Street Address (P.O. Box Number is Not Acceptable): 2501 N OCEAN BLVD.

Suite, Apt. #, Etc: SUITE 10

City: POMPANO BEACH | State: FL | Zip Code: 33063

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: Carmen Arana — REGISTERED AGENT MUST SIGN — Date 10/02/06

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
PT	CARMEN ARANA	2501 N. OCEAN BLVD. # 10	POMPANO BEACH, FL 33063
VPS	JOSE FRANCO	2501 N. OCEAN BLVD. # 10	POMPANO BEACH, FL 33063

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REINSTATEMENT 04-2006

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 contained in Chapter 119, 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: Carmen Arana — 10/02/06

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