PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 AUG -9 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043129

1. Corporation Name
Star Medical Equipment Corp.
3000 SW 3 Avenue # 707.
Miami, Florida 33131.

2. Principal Office Address		3. Mailing Office Address	
3000 SW. 3 Ave.		3000 SW 3 Ave.	
Suite, Apt. #, etc. # 707.		Suite, Apt. #, etc. # 707	
City & State Miami, Florida.		City & State Miami, Florida.	
Zip 33131	Country USA.	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-1116460 ☐ 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 Aileen M Toro

Street Address (P.O. Box Number is Not Acceptable) 3000 SW 3 Avenue.

Suite, Apt. #, Etc. Suite # 707

City Miami State FL Zip Code 33131

REINSTATEMENT 024 AUG 09 2004 C. Coulliette

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 08/08/04

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, T	Aileen M Toro	3000 SW 3 Ave # 707 Miami, Florida 33131	Miami, Florida 33131
VP	Pedro Clemente.	3000 SW 3 Ave # 701 Miami, Florida 33131	Miami, Florida 33131
			700040048037 08/10/04--01065--004 **1050.00
			700040048037 08/10/04--01065--005 **8.75

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] 08/08/04 (305) 592-8444

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

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Star Medical Equipment

File 1st

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TALLAHASSEE, FLORIDA

Signature

Requested by: LW 8/9

Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ✓ Annual Report / Reinstatement_____
- ✓ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____

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