

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10/2

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P01 000058415		
1. Corporation Name Hunter Riley Medical Sales, Inc.		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -8 PM 3:13

2. Principal Office Address 561 COCONUT DRIVE	3. Mailing Office Address 561 COCONUT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Indialantic, FL	City & State Indialantic, FL
Zip 32903	Country USA
Zip 32903	Country USA

3000681 10969  
03/20/06-01025--023 \*\*\*450.00

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida 6/8/2001
5. FEI Number 593671486
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Edward P. Adamy	Street Address (P.O. Box Number is Not Acceptable) 561 COCONUT DRIVE	Suite, Apt. #, Etc.	
City Indialantic	State FL	Zip Code 32903	

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

Date 2/14/2006

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	EDWARD P. ADAMY	561 COCONUT DRIVE	INDIALANTIC, FL 32903
V	KERRI ADAMY	561 COCONUT DRIVE	INDIALANTIC, FL 32903

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: Edward P. Adamy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/06 (321)951-9178  
Date Daytime Phone #

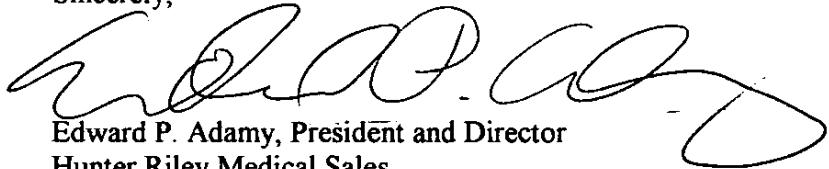
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February 14, 2006

To Whom It May Concern:

Recently I was made aware of the dissolution of my Corporation by the Florida Department of State. I would like to state that I never received by mail or any other form of communication the annual report notices. I would very much like to resolve this issue and pay my 2004-2006 Annual Report and Corporate Supplemental Fees. Please note the address on my Corporation Reinstatement Form. Thank you and kindly accept my regrets.

Sincerely,



Edward P. Adamy, President and Director  
Hunter Riley Medical Sales