FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 OCT 18 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

100008421451--8
-10/17/02--01035--006
****750.00 ****750.00

DOCUMENT # P01000061901

1. Corporation Name
Cena Medical Equipments, Inc.

2. Principal Office Address	3. Mailing Office Address
2353 Alibaba Ave.	same as #2.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Opalocka fl.	City & State
Zip: 33054 Country: USA.	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/01

5. FEI Number: 65116030 ☐ 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: Anet Ortiz

Street Address (P.O. Box Number is Not Acceptable): 3381 SW. 179 Ave.

Suite, Apt. #, Etc.:

City: Miramar State: FL Zip Code: 33029

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: Anet Ortiz
REGISTERED AGENT MUST SIGN

Date: 10/7/02

CR2E031 (3/01)

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
President	Anet Ortiz	3381 SW. 179 Place	Miramar fl. 33029

10. I certify that I am an officer or director of 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: Anet Ortiz President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/7/02 Daytime Phone #

g 10/15/02