

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000094297

1. Corporation Name

CJ MEDICAL, INC.

Principal Place of Business

1414 NW 107 AVE., STE. 310
MIAMI FL 33172

Mailing Address

1414 NW 107 AVE., STE. 310
MIAMI FL 33172

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1006 Bay Drive

Suite, Apt. #, etc.

706

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. New Mailing Office Address, If Applicable

1006 Bay Drive

Suite, Apt. #, etc.

706

City & State

Miami Beach, FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/2001

5. FEI Number

02-0646875

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	PATINO, JOSE LUIS	1414 NW 107 AVE., STE. 310	MIAMI FL 33172
D	AVELLANEDA, CLAUDIA	1414 NW 107 AVE., STE. 310	MIAMI FL 33172
D	SHMUEL, DIEGO ITZIAK	1006 Bay Dr. Ste 706	Miami Beach, FL 33141

900008792149
11/04/02-01107--024 **150.00

8. Name and Address of Current Registered Agent

PATINO, JOSE LUIS
1414 NW 107 AVE., STE. 310
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name
Diego Itzak Shmuel
Street Address (P.O. Box Number is Not Acceptable)
1006 Bay Drive
Suite, Apt. #, Etc.
706
City
MIAMI BEACH, FL Zip Code
33141

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

~~SIGNER'S NAME~~
REGISTERED AGENT MUST SIGN

Date 10/30/02

11. 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: ~~SIGNER'S NAME~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

10/30/02

Daytime Phone #

CR2E40 (8/02)

CJ MEDICAL, INC.

1006 Bay Dr. Suite 706 Miami Beach, Fl 33141
Phone: 305-505 2013 Fax: 305-867-8251

October 23, 2002 Miami Beach, Fl

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations

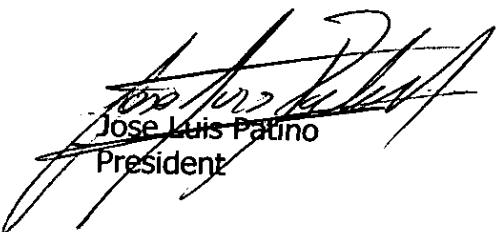
Dear Sir,

I am sending this letter concerning the notice we received of administrative dissolution or revocation.

CJ Medical, Inc. Did not receive any Uniform Business Report prior on the dates given, nor is our intention to dissolve the corporation, but since we didn't receive such reports we ask from you to reinstate the corporation and attached to this letter is the appropriate UBR filing fee.

Thank you in advance for your prompt attention to this matter.

Sincerely yours,


Jose Luis Patino
President