PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 13 PM 12:31

DOCUMENT # P01000107464

1. Corporation Name
United Medical Equipment & Services, Inc.

900024940799
11/21/03--01091--031 **750.00

2. Principal Office Address		**3.** Mailing Office Address	
1149 SW 27th Avenue		1149 SW 27th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 201		Suite 201	
City & State		City & State	
Miami, Florida		Miami, Florida	
Zip	Country	Zip	Country
33135	USA	33135	USA

4. Date Incorporated or Qualified To Do Business in Florida 11/07/01

5. FEI Number 65-152188 ☐ 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: Hernandez, Orleans

Street Address (P.O. Box Number is Not Acceptable): 1149 SW 27th Avenue

Suite, Apt. #, Etc.: #201

City: Miami | State: FL | Zip Code: 33135

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 x Orleans Hernandez
REGISTERED AGENT MUST SIGN

Date 11/10/03

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.T.D	Orleans Hernandez	1149 SW 27th Ave. #201	Miami, FL 33135
V.S.D	Antonio Milian	1149 SW 27th #201	Miami, FL 33135

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: x Orleans Hernandez 11/10/03 305-644-5011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #