CORPORATION REINSTATEMENT

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

APPROVED AND FILED

03 OCT -1 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000000131

1. Corporation Name AVEY MEDICAL SUPPLY INC

500024255805
10/29/03 - 01065 -003 **750.00

REINSTATEMENT 2003

2. Principal Office Address	3. Mailing Office Address
12350 SW 132nd Ct.	SAME AS (2)
Suite, Apt. #, etc. Ste #109	Suite, Apt. #, etc.
City & State Miami Fl.	City & State
Zip 33186 Country DADE	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 01/02/2002

5. FEI Number 26-0000577 ☐ 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 DAISY

Street Address (P.O. Box Number is Not Acceptable): 12350 SW 132nd Court Ste #109

Suite, Apt. #, Etc.: Ste #109

City: Miami State: FL Zip Code: 33186

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: D Hernandez Date: 9-X-03

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
PVS	HERNANDEZ DAISY	12350 SW 132nd Ct Ste 109	Miami Fl. 33186

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: D Hernandez 9-X-03

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