

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hoed
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN 22 PM 12:39

DOCUMENT # P02000009798

1. Corporation Name

UNIVERSAL MEDICAL DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

461 NW 51ST AVE
MIAMI FL 33126

461 NW 51ST AVE
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1825 Ponce de Leon Blvd

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

428

428

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

Zip 33134

Country USA

Zip 33134

Country

REINSTATEMENT

03-04



400024718744

11/14/03--01079--017 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

01/28/2002

5. FEI Number

03-0392449

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	AUSTIN, CHARLES	325 WEST 53RD TERRACE	HIALEAH FL 33012
D	CRUZ Benny	461 NW. 51st Ave	Miami, FL 33126
D	Austin DOUGLAS	1825 Ponce de Leon Blvd #428	CORAL GABLES, FL 33134

400024718744

01/22/04--01021--008 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AUSTIN, CHARLES
461 NW 51ST AVE
MIAMI FL 33126

Name

DOUGLAS A. Austin

Street Address (P.O. Box Number is Not Acceptable)

1825 Ponce de Leon Blvd #428

Suite, Apt. #, Etc.

428

City

CORAL GABLES

State

FL

Zip Code

33134

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

Charles Austin
REGISTERED AGENT MUST SIGN

Date

11/5/03

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:

Charles Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/03

Daytime Phone #

205-491-1343

CR2E040 (7/03)

11/5/03

New Address
Universal Medical Distributors Inc
1825 Ponce de Leon Blvd #428
Coral Gables, FL 33134

To: Department of State
Re: Universal Medical Distributors
Douglas Austin
Doc#: 70200009798

~~Dear Department,~~

Unfortunately my printer is down and I needed to send this handwritten note. Please excuse my tardiness on failing to file its 2003 corporate Annual Report.

Unfortunately the correspondence was being sent to the wrong address. The Director Mr. Gerry Cruz has been diagnosed with the threatening Cancer and had been on it receiving Cancer Chemo & Radiation.

Please write back and tell me exactly what the State needs so my Corporation is in good standing!

Thank you

Doug Austin