PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 MAR 10 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009798

1. Corporation Name

UNIVERSAL MEDICAL DISTRIBUTORS, INC.

REINSTATEMENT

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
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	Country	Zip	Country
33134		33134	

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 ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
DOUGLAS A. AUSTIN

Street Address (P.O. Box Number is Not Acceptable)
1825 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.
#428

City: CORAL GABLES | State: FL | Zip Code: 33134

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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) Douglas A. Austin Date 3/4/09

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
P/D	SANDRA E. AUSTIN	1825 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134
V/D	DOUGLAS A. AUSTIN	1825 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134

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03/10/09--01016--024 **300.00

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 contained in Chapter 119, 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) Douglas A. Austin 3/4/09 305-491-1341

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