## FII FD

		PLEASE READ	ALL INSTRUCT	TIONS BEFORE C			
	RPORAT NSTATEM	化催化物记书 在第	Secreta	RTMENT OF STATE ry of State corporations		"IAR 23 AM 9: DREIMBY OF STA AHASSEE, PLORI	
1. Corpor	ration Name	# P02000046790	,				
2. Principal Office Address 1555 NW 190th Avenue Suite, Apt. #, etc.			3. Mailing Office Address 55420 Lyons Suite, Apt. #, etc.	Road Sula: 101		NEWEN	
Suite 106			Suite 105		4. Date incorporated or To Do Business in Fk	Qualified	
City & State Pembroke Pines, FL		City & State  Coconut Creek, FL		5. FEI Number	100 04/29/2002	✓ Applied For	
<sup>Zip</sup> 33025		Country USA	<sup>Zip</sup> 33073	Country USA	6. CERTIFICATE OF STATU		ditional Fee require
•		····	7. Name and	Address of Current Register	ed Agent	,	
8. I, being	Street Add 1555 N Suite, Apt. Suite 10 City Pembro	ke Pines		familiar with and accept the ob	State FL Sligations of section 607.050	Zip Code 33025 5 or 617.0503, F.S.	
Signature of Registered	Agent	`	EGISTERED AGENT MUS			3/10/04	
9. Names	s and Street A		d/or Director (Florida nonpr	ofit corporations must list at lea			<del></del>
Tistan	Name of Street Address of Each						

Titles City / State / Zip Officers and/or Directors Officer and/or Director P/D Herbert A. Ferrari 5420 Lyons Rd., Suite 105 Coconut Creek, FL 33073 S Isabel Cristina Lozano 1555 NW 190th Ave., Suite 106 Pembroke Pines, FL 33025 300030944293 //23//04--01102--003 \*\*30

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.

Here I are 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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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	PLEASE READ	VEF INOIL	IOCHONS BE	UNE U	VIVIFILE III	iivG I		1.		
	RPORATION STATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								
DOCU	JMENT # P02000046790									
	ED ENTERPRISES CORP.		•						•	
					•.					
		•				7 A	CARE	M		
2. Principa	al Office Address	3. Mailing Offi	ce Address	心上情報也	DIA	CME	W.			
1555 N\	W 190th Avenue	55420 L	yons Road S							
Sulte, Apt.		Suite, Apt. #, et	, etc.		A Pole leasurevoted or Conflict					
Suite 10			ite 105		4. Date Incorporated or Qualified To Do Business in Florida 04/29/2002					
City & State Pembro	oke Pines, FL	1	City & State			5. FEI Number				
Zip	Country	Zip			6			t Applicable		
33025	USA	33073	U	SA	CERTIFICATE	E OF STATU	IS DESIRED 📈	8.75 Additional for a Certificati		
	,	<b>7.</b> Na	me and Address of Cu	rrent Register	ed Agent					
ě	Name Isabel Cristina Lozano									
	Street Address (P.O. Box Number is 1555 NW 190th Avenue				i i					
	1555 NW 190th Avenue Suite, Apt. #, Etc.									
	Suite 106	· · · · · · · · · · · · · · · · · · ·				·	- · ·	<del></del>		
	City Pembroke Pines					FL State	Zip Code 33025	٠		
8. I, being appointed the registered agent of the above hamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
9. Names	· · · · · · · · · · · · · · · · · · ·	nd/or Director (Florid			<del>-</del> _	<u> </u>	,	* * * * * * * * * * * * * * * * * * * *	*	
Titles	Name of Officers and/or Director	5 .	Street Address of Each Officer and/or Director			City / State / Zip				
P/D	Herbert A. Ferrari		5420 Lyons Rd., Suite 105			Coconut Creek, FL 33073				
s	Isabel Cristina Lozano		1555 NW 190th Ave., Suite 106			Pembroke Pines, FL 33025				
								<u> </u>		
4									1	
this rein	that I am an officer or director or the reconstatement application, the reason for dispy the corporation have been paid and the application is true and accurate, and my TURE:	solution has been e names of individua signature shall have	liminated, the corporate its listed on this form do the same legal effect a	name satisfies not qualify for a is if made under	the requirements n exemption und	of section	607.0401 or 617. 119.07(3)(i), F.S.	0401, F.S., that	all fees indicated	



March 17, 2004

## BY OVERNIGHT DELIVERY

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: PROMED ENTERPRISES CORP.

Mayer, Brown, Rowe & Maw LLP 214 North Tryon Street Suite 3800 Charlotte, North Carolina 28202-2137

> Main Tel (704) 444-3500 Main Fax (704) 377-2033 www.mayerbrownrowe.com

Julia O Leopard Direct Tel (704) 444-3523 Direct Fax (704) 377-2033 jleopard@mayerbrownrowe.com

Dear Sir or Madam:

Enclosed please find an original and one copy of the Corporation Reinstatement and a filing fee of \$308.75 regarding PROMED ENTERPRISES CORP. Please file the original Reinstatement with your office and return a stamped, filed copy to me along with the Certificate of Status.

The filing fee of \$300.00 was confirmed with your office as PROMED ENTERPRISES CORP. did not receive the annual report notice.

If you have any questions, please contact me.

Sincerely,

Julia O Leopard Paralegal

**Enclosures**