PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000075519

1. Corporation Name
Osly Medical Equipment Corp

REINSTATEMENT 03-04

600028012846
02/02/04--01058--009 **308.75

2. Principal Office Address	3. Mailing Office Address
3455 E 4 Ave	3455 E 4 Ave
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. 4
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33013 Country	Zip 33013 Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 54-2063414 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $3.75 Additional Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dunia O. Ricardo
Street Address (P.O. Box Number is Not Acceptable): 3455 E 4 Avenue
Suite, Apt. #, Etc.: 4
City: Hialeah State: FL Zip Code: 33013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Dunia O Ricardo	3455 E 4 Avenue Suite 4	Hialeah FL 33013

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: _____ Jan 20, 2004 (305)693-8441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Osly Medical Equipment, Corp

3455 East 4 Avenue; Suite 4 ❋ Hialeah, FL 33013 ❋ (305) 693-8441

January 20, 2004

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

RE: Osly Medical Equipment Corp
Document Number P02000075519

To Whom It May Concern:

Enclosed please find a completed Corporation Reinstatement for the above referenced Corporation along with a check in the amount of $308.75 ($150.00 for 2003 filing, $150.00 for the 2004 filing, & $8.75 for the Certificate of Status). Please accept this letter as my request to waive the reinstatement fee due to the fact that we never received our 2003 UBR Form.

Should you have any questions do not hesitate to contact me at (305) 412-9805 or Dunia at (305) 693-8441.

Respectfully,

Monica Luis

Enclosure