


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 14 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000103155*

1. Corporation Name
Opimed, Inc.

REINSTATEMENT

2. Principal Office Address <i>719 E 9 Street</i>		3. Mailing Office Address <i>719 E 9 Street</i>	
Suite, Apt. #, etc. <i>719</i>		Suite, Apt. #, etc. <i>719</i>	
City & State <i>Miladash, Florida</i>		City & State <i>Miladash, Florida</i>	
Zip <i>33010</i>	Country <i>USA</i>	Zip <i>33010</i>	Country <i>USA</i>

K. Eckel ⁰⁸⁷⁷⁰⁸¹¹²⁰⁹ MAR 14 2007 *0507*

4. Date Incorporated or Qualified To Do Business in Florida <i>1/24/2002</i>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <i>20-8621090</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Marcos A. Guerra

Street Address (P.O. Box Number is Not Acceptable)
3001 S. Miami Avenue, Suite 402

Suite, Apt. #, Etc.
Suite 402

City
Miami

State
FL

Zip Code
33133

300093744863
03/19/07--01051--024 ***450.00

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 *[Signature]* Date *3/13/2007*

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
<i>PRES</i>	<i>Orlando Rossas</i>	<i>719 E 9 Street # 719</i>	<i>Miladash, FL 33010</i>

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: *[Signature]* Date *3/13/07* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

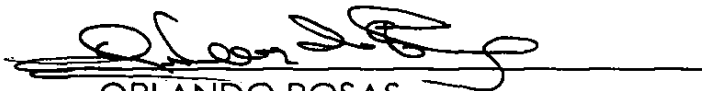
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005, 2006 AND I AM ALSO INCLUDING 2007 TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



ORLANDO ROSAS
PRESIDENT