

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 03 NOV 19 AM 9:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**CORPORATION
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P02000103684

1. Corporation Name
 AMERICAN JA MEDICAL SUPPLY
 INC.

2. Principal Office Address Hwy
 1001 N FEDERAL
 3. Mailing Office Address
 1001 N FEDERAL HWY

Suite, Apt. #, etc.
 357

City & State
 HALLANDALE FL

Zip Country
 33009 USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 09/25/2002

5. FEI Number #11-3654467 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 AMARILIS CLARO
 Street Address (P.O. Box Number is Not Acceptable) 1001 N FEDERAL HWY 700024821917
 Suite, Apt. #, Etc. 357 11/19/03--01008--019 **\$26.00
 City HALLANDALE State FL Zip Code 33009

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 11/14/03
 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
PD	AMARILIS CLARO	1001 N FEDERAL HWY SUITE 357	HALLANDALE FL 33009
			700024821917 11/19/03--01008--020 **\$500.00

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 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: [Signature] Amaris Claro Date 11/14/03 954 709 8213
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

TK