

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 DEC 11 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

100025399881
12/10/03--01068--013 **758.75

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000129758					
1. Corporation Name Atlantic Medical Supply and Distributors Inc.					
2. Principal Office Address 13500 S.W. 88th Street			3. Mailing Office Address 13500 S.W. 88th Street		
Suite, Apt. #, etc. 285-A			Suite, Apt. #, etc. 285-A		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33174	Country Dade	Zip 33174	Country Dade		

4. Date Incorporated or Qualified To Do Business in Florida		12/10/2002
5. FEI Number		Applied For
13-4227985		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name Pedro A. Yero			
Street Address (P.O. Box Number is Not Acceptable) 13500 S.W. 88th Street			
Suite, Apt. #, Etc. 285-A			
City Miami	State FL	Zip Code 33186	

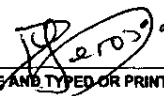
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____

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	Pedro A. Yero	13500 S.W. 88th Street, Suite # 285-A	Miami, Florida 33174
VP	Marcia Gongora	13500 S.W. 88th Street, Suite # 285-A	Miami, Florida 33174

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/19/2003 (305) 207-3090
Daytime Phone #

CR2E081 (10/02)

J