PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP 28 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130074

1. Corporation Name
E & E MEDICAL EQUIPMENT, INC

2. Principal Office Address		3. Mailing Office Address	
1701 W FLAGERT STREET		1701 W FLAGERT STREET	
Suite, Apt. #, etc. 220		Suite, Apt. #, etc. 220	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33135	Country DADE COUNTY	Zip 33135	Country DADE COUNTY

4. Date Incorporated or Qualified To Do Business in Florida 12/03/02

5. FEI Number 020655564 — 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: ENRIQUE R. BIZET

Street Address (P.O. Box Number is Not Acceptable): 1701 W FLAGERT STREET

500060589995
10/13/05--01067--022 **150.00

Suite, Apt. #, Etc.: 220

City: MIAMI, State: FL Zip Code: 33135

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: Enrique Bizet — REGISTERED AGENT MUST SIGN — Date 09/26/05

CR2E081 (01/04)

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	ENRIQUE R. BIZET	3625 NW 2 ST	MIAMI, FL 33125
D	FELIX E. MORENO	3063 NW 11 ST	MIAMI, FL 33125
VD	ROBERTO A. CAPIRO	680 W 56 ST	MIAMI, FL 33012

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: Enrique Bizet — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 09/26/05 — Daytime Phone # (305)510-1540