2004 FOR PROFIT CORPORATION REINSTATEMENT

	1. Entity Nam	e	# P030000 UPPLY INC.	2	v			FILED 04 DEC 14 PM 1: 48 SECRETARY OF STATE					
	Principal Place 7310 NW.7TI MIAMI, FL 33				Mailing Address 7310 NW 7TH AVE. MIAMI, FL 33150				TALLAHASSEI			FLORIDA	
	2. Principal Place of Business			3. 1	3. Mailing Address								
	Suite, Apt. #, etc.				Suite, Apt. #, etc.				10222004	DY 90 (0014 641 \$ 150 0 P CR2E098 (6/04)		0//
	City & State				City & State				4. FEI Numb			h	plied For at Applicable
	Zip Country			2	Zip Cou			5 Certificate of Status Desired S8.75			\$8.75 Add		
F	Name and Address of Current Registered Agent						Name		7. Name and	Address of N	lew Registere	d Agent	
	SWAIN, MARCEA 1914 NW 43 ST MIAMI, FL 33142						Street Address (P.O. Box Number is Not Acceptable)						
-							City .	r rocietos	end agent, or be	th is the State	F of Clarida La	-	
fe.	8. The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent. SIGNATURE Signature, typed or printed liarne of registered agent and title if applicable. (NOTE: Registered Agent signature requi										11-12	,	and accept
			FEE IS \$750.00 005, Fee will be \$9	00.00									•
	10.		OFFICERS .	AND DIREC		11.			ADDITIONS	L /CHANGES TO	OFFICERS A	ND DIRECTOR	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWAIN, I 1914 NW MIAMI, F	43 STREET		□ Delete							☐ Change	☐ Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 SPA	EVR, CHRISTINE RK RD, APT, 105 OOD, FL 33021		☐ Delete			Joli 804	TARY COEUT, NW 34 Mi Flo	5+ .	tie 3312	⊠ Change	☐ Addition
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	TITLE NAME STRFET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
ار	indicatéd of the cor	on this repo	ne information supplied ort or supplemental rep the receiver or trustee tachment with an addir	ort is true a empowered	and accurate and that I to execute this report	my signa I as requi	ture shall h	ave the	same legal effe	ct as if made u	nder oath; that	I am an officer	or director
	SIGNAT	URE.	SIGNATURE AND TYPE	OF PRINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR			71-10- Date	04	Daykme Phone #	





Toll Free 1-866-724-7261

Fax (786) 318-2937

E-Mail scimedical@hotmail.com

November 15, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee,-Fl 32314

In August of 2004, S.C.I Medical Supply submitted an Original Report, request letter, and check #313 in the amount of \$150.00. We did not receive the initial letter from the Department due to S.C.I Medical change of address. The letter submitted was in request of the waiver of the late fee due to the mix up. In return, the Department had sent us a correction letter in which we never received. Then they sent out a letter of Dissolution. We now have the correction letter and would like to request reinstatement and late fee reinstatement be waived please.

Anthony Swain

CEO

Sincerely