

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 SEP 10 PM 12:27

DOCUMENT # P03000130491

1. Corporation Name

ELO Medical Services, Inc

2. Principal Office Address - No P.O. Box #

13081 S W 133 Court

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 218

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33186

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/2/2003

5. FEI Number
050591180

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

Anthony Figueroa

Street Address (P.O. Box Number is Not Acceptable)

13081 S W 133 Court

Suite, Apt. #, Etc.

Suite 218

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

9/9/09

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
PR	Anthony Figueroa	13081 S W 133 Court Suite 218	Miami, FL 33186

B 9/9/09

REINSTATEMENT

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/9/09

Daytime Phone #