


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000151844		
1. Entity Name CARE RESCUE MEDICAL EQUIPMENT INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 28 AM 11:19

REINSTATEMENT 06



Principal Place of Business 16205 SW 117TH AVENUE #3C MIAMI, FL 33177		Mailing Address 16205 SW 117TH AVENUE #3C MIAMI, FL 33177	
2. Principal Place of Business 1621 SW 117 AVE Suite, Apt. #, etc.		3. Mailing Address 1621 SW 117 AVE Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33177	Country	Zip 33177	Country

11152006 REIN-P CR2E098 (11/05)

4. FEI Number 73-1688860	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEREDIA, ODALYS 404 NW 107 AVE #9C MIAMI, FL 33172		7. Name and Address of New Registered Agent Name ODALYS, HEREDIA Street Address (P.O. Box Number is Not Acceptable) 16333 SW 79 Terrace City MIAMI FL Zip Code 33193	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 11-15-06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEREDIA, ODALYS 404 NW 107TH AVE #9C MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16333 SW 79 Terrace MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900082100739 11/28/06--01033--029 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #