

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 13 PM 2: 14

REGISTRY OF STATE  
CORPORATIONS, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000014499

1. Corporation Name  
**SABRINA'S MEDICAL SUPPLIES, INC.**

2. Principal Office Address <b>12355 SW 129 CT</b>		3. Mailing Office Address <b>12355 SW 129 CT</b>	
Suite, Apt. #, etc. <b>Suite # 14</b>		Suite, Apt. #, etc. <b>Suite # 14</b>	
City & State <b>Miami, FI</b>		City & State <b>Miami, FI</b>	
Zip <b>33186</b>	Country <b>Miami Dade</b>	Zip <b>33186</b>	Country <b>Miami-Dade</b>

CR2E081 (12/05)

06

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**04-3783773**

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  
**CUBA, JUAN A**

Street Address (R.F.D. Box Number is Not Acceptable)  
**14812 SW 81 ST**

Suite, Apt. #, Etc.

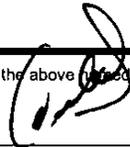
City  
**Miami,**

State  
**FL**

Zip Code  
**33193**

400072292364  
04/27/06-01018-024 \*\*150.00

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.

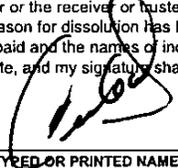
Signature of Registered Agent  \_\_\_\_\_ Date **04/06/06**

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--	CUBA, JUAN A	14812 SW 81 ST	Miami, 33193

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:  \_\_\_\_\_ Date **04/06/06** (305) 238 1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR