FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

07 JAN 10 AM 10: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900084663119
01/17/07--01012--006 **450.00

REINSTATEMENT

DOCUMENT # P04000019382

1. Entity Name
Muralex Medical Equipment and Supplies, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2200 SW, 16th St.	(same)
Suite, Apt. #, etc. Suite 122	Suite, Apt. #, etc.
City & State Miami, FL	City & State
Zip 33145 Country Dade	Zip Country

4. FEI Number 20-8181730 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Silveira, Romy

Street Address (P.O. Box Number is Not Acceptable)
15065 SW, 143 Terr.

City Miami, FL FL Zip Code 33196

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Silveira, Romy
STREET ADDRESS	15065 SW, 143 Terr.
CITY-ST-ZIP	Miami, FL. 33196
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $ 450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **MURALEX MEDICAL EQUPMENT AND SUPPLIES, INC.**

Thank you for your courtesy in this matter.

ROMY SILVEIRA
PRESIDENT