2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
09 JAN 12 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000072663

1. Entity Name
MEDICALL UNIVERSE, INC.

Principal Place of Business	Mailing Address
1750 W. 32 PLACE HIALEAH, FL 33012	1750 W. 32 PLACE HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7312 NW 8 ST	7312 NW 8 ST
Suite, Apt. #, etc G	Suite, Apt. #, etc. G
City & State MIAMI FL	City & State MIAMI FL
Zip 33166 Country USA	Zip 33166 Country USA

01B03008 REIAF CR2E098 (1/07) 08-09

REINSTATEMENT

4. FEI Number 20-1082728 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ, SERAFIN 1750 W. 32 PLACE HIALEAH, FL 33012	Name Street Address (P.O. Box Number is Not Acceptable) 7312 NW 8 ST STE G City MIAMI FL Zip Code 33166

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 _____ 01/07/09
Signature typed or printed of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	D PEREZ, SERAFIN 1750 W. 32 PLACE HIALEAH, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 7312 NW 8 ST STE G MIAMI FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900140378669 01/12/09--01064--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SERAFIN PEREZ 01/07/09 786-3372250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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