

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000133115

FILED
Dec 17, 2008
Secretary of State

Entity Name: AMT MEDICAL EQUIPMENT,INC

Current Principal Place of Business:

4070 NW 132 ST.
BAY - Q
OPALOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

4070 NW 132 ST.
BAY - Q
OPALOCKA, FL 33054 US

New Mailing Address:

FEI Number: 20-1651333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREJON, ANGELICA M
4070 NW 132 ST.
BAY - Q
OPALOCKA, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANGELICA MOREJON

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: MOREJON, ANGELICA M
Address: 4070 NW 132 ST
City-St-Zip: OPALOCKA, FL 33054 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELICA MOREJON

PVP

12/17/2008

Electronic Signature of Signing Officer or Director

Date