

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000145938

Entity Name: K & K MEDICAL SUPPLIES INC.

FILED
Oct 12, 2005
Secretary of State

Current Principal Place of Business:

1440 JF KENNEDY CAUSEWAY SUITE 304A
N BAY VILLAGE, FL 33141

New Principal Place of Business:

1440 79TH STREET CAUSEWAY
SUITE 304-A
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

1440 JF KENNEDY CAUSEWAY SUITE 304A
N BAY VILLAGE, FL 33141

New Mailing Address:

1440 79TH STREET CAUSEWAY
SUITE 304-A
NORTH BAY VILLAGE, FL 33141

FEI Number: 87-0734479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, ALINA
1440 JF KENNEDY CAUSEWAY SUITE 304A
N BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

GOMEZ, ALINA
1440 79TH STREET CAUSEWAY
SUITE 304-A
NORTH BAY VILLAGE, FL 33141 US

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: ALINA GOMEZ

10/12/2005

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: P () Delete
Name: GOMEZ, ALINA
Address: 1440 JF KENNEDY CAUSEWAY SUITE 304A
City-St-Zip: N BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GOMEZ, ALINA
Address: 1440 79TH STREET CAUSEWAY SUITE 304A
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALINA GOMEZ

PRES

10/12/2005

Electronic Signature of Signing Officer or Director

Date