


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 NOV -8 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000084901		
1. Entity Name R & J MEDICAL INC.		

Principal Place of Business 12845 SW 64 LN MIAMI, FL 33183	Mailing Address 12845 SW 64 LN MIAMI, FL 33183
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2. Principal Place of Business 625 82 st Suite, Apt. #, etc. Apt. # 4 City & State MIAMI BEACH Zip 33141 Country U.S.A	3. Mailing Address 625 82 st Suite, Apt. #, etc. Apt. # 4 City & State MIAMI BEACH Zip 33141 Country U.S.A
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11062006 REIN-P CR2E098 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES, JORGE 12845 SW 64 LANE MIAMI, FL 33183	
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7. Name and Address of New Registered Agent Name JOENNY'S MONTELO Street Address (P.O. Box Number is Not Acceptable) 625 82 st Apt #4 MIAMI BEACH 33141 City FL Zip Code	
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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  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, JORGE 12845 SW 64 LN MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(A) JOENNY'S MONTELO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 625 82 st Apt #4 MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081770339 11/14/06--01063--025 **115.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/02/06--01003--018 **35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06 FSC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #