2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT									
1. Entity Name		# P050001 OCIATES MED	08440 ICAL GROUP, INC.		06 007 23 min: 48				
						4		,	
Principal Place		5	<u> </u>	Mailing Address					ř.
9600 SW 8 ST. Miami, Fl 33174			9000 SW 8 ST. MIAMI, FL 33174	9600 SW 8 ST. Miami, Fl. 33174					
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite Ant # etc	Suite, Apt. #, etc.			TATEM	EN	- la "
			Gallo, Apr. W. Glo,				REIN-P	CR2E098 (11/0	2) D.K D.
City & State			City & State	City & State			93641	⊢	Applied For Not Applicable
Zip	Country		Zip	Zip Country		5. Certificate of		\$8.75	
	F Name	and Address of Cur	rent Registered Agent	agistered Agent			ddress of New Re	Fee Requ	ired
6. Name and Address of Current Registered Agent						7. Name and A	udiess of Hew Re	Aletered Wheelt	
PEREZ, FRANCISCO 9600 SW 8 ST.					Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 3									
					0.7			7:- 0	
					City			FL Zip C	
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 10/17/06									
Signature: Typed of passed mafer of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstating) DATE									
FILE NOW!!! FEE IS \$750.00									
		07, Fee will be \$9	00.00						
10.		OFFICERS /	AND DIRECTORS	11.		ADDITIONS/CH	HANGES TO OFFIC	ERS AND DIRECTO	
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CITY-ST-ZIP	rtify that the	information supplied	with this filing does not qualify to	the eve	motions contained	d in Chapter 119. F	lorida Statutes. I fu	rther certify that the	information
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 empowered with all other like empowered.									
SIGNATURE: Date Daving Phone & Daving Phone & Daving Phone &									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date									

Company OCT 1 9 2008