

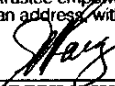


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 APR 25 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000109727</b> 1. Entity Name <b>PROGRESSIVE MEDICAL SUPPLY, INC</b>					
Principal Place of Business <b>48 E FLAGLER ST #370A MIAMI, FL 33131</b>			Mailing Address <b>48 E FLAGLER ST #370A MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>6440 SW 18 TERRACE</b>		3. Mailing Address <b>6440 SW 18 TERRACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04242008 REIN-P CR2E098 (1/07)	
City & State <b>MIAMI - FL</b>		City & State <b>MIAMI - FL</b>		4. FEI Number <b>20-3350532</b>	
Zip <b>33155</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENENDEZ RAMIREZ, EDUARDO S 48 EAST FLAGLER STREET SUITE 370A MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Change address only</b> Street Address (P.O. Box Number is Not Acceptable) <b>6440 SW 18 TERRAS</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>	
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: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$300.00</b>			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	DP <input type="checkbox"/> Delete <b>MENENDEZ RAMIREZ, EDUARDO S 48 EAST FLAGLER STREET, SUITE 370A MIAMI, FL 33131</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6440 SW 18 TERRACE MIAMI FL. 33155</b>	
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 <b>700125791507 04/25/08--01025--009 ***300.00</b>	
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	
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 #					

REINSTATEMENT 07-08