

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000130374

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** BE-WELL MEDICAL SUPPLY INC.

**Current Principal Place of Business:**

200 SW 27 AVE SUITE 208  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

75 NE 44TH STREET  
STE 9  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

200 SW 27 AVE SUITE 208  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

75 NE 44TH STREET  
STE9  
FORT LAUDERDALE, FL 33312

**FEI Number:** 41-2185418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JIMENEZ, EVELYN M  
75 NE 44 ST STE 9  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

CHARRIS, ALVARO ALBERTO  
75 NE 44 ST STE 9  
OAKLAND PARK, FL 33334 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:** ALVARO ALBERTO SOLANO CHARRIS  
Electronic Signature of Registered Agent

10/05/2006  
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:** PVPS ( ) Delete  
**Name:** JIMENEZ, EVELYN M  
**Address:** 75 NE 44 STREET STE 9  
**City-St-Zip:** OAKLAND PARK, FL 33334

**Title:** TD (X) Delete  
**Name:** JIMENEZ, EVELYN M  
**Address:** 75 NE 44 STREET STE 9  
**City-St-Zip:** OAKLAND PARK, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PVPS (X) Change ( ) Addition  
**Name:** CHARRIS, ALVARO ALBERTO  
**Address:** 75 NE 44 STREET STE 9  
**City-St-Zip:** OAKLAND PARK, FL 33334

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** ALVARO ALBERTO SOLANO CHARRIS  
Electronic Signature of Signing Officer or Director

PRES  
10/05/2006  
Date