2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000142761

Entity Name: O & Y MEDICAL CORP.

FILED Oct 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4209 EAST 4TH AVENUE HIALEAH, FL 33013 **Current Mailing Address: New Mailing Address:** 4209 EAST 4TH AVENUE HIALEAH, FL 33013 FEI Number: 20-3723131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PEREZ, OLGA 4229 EÁST 4 AVE HIALEAH, FL 33013 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: OLGA PEREZ 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PEREZ, OLGA Name: Name: 4229 EAST 4 AVE Address: Address: City-St-Zip: HIALEAH, FL 33013 City-St-Zip: Title: Title: () Change () Addition () Delete Name: PEREZ, CLODOMIRO Name: 4229 EAST 4 AVE Address: Address: HIALEAH, FL 33013 City-St-Zip: 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 Statutés. 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: OLGA PEREZ PD 10/05/2006