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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

(((H03000337935 3)))

FILED
03 DEC 17 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

MRS

DOCUMENT # P94000039850

1. Corporation Name
C.N.D.C. MEDICAL EQUIPMENT CORPORATION

2. Principal Office Address	3. Mailing Office Address
2901 SW 8TH STREET	2901 SW 8TH STREET
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33135 Country: U.S.A.	Zip: 33135 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 05/26/94

5. FEI Number: 65-0494437 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RAFAELA ACOSTA
Street Address (P.O. Box Number is Not Acceptable): 2901 SW 8TH STREET
Suite, Apt. #, Etc.: 206
City: MIAMI State: FL Zip Code: 33135

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Rafaela Acosta REGISTERED AGENT MUST SIGN Date: 12/17/2003

CR2E061 (10/02)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	RAFAELA ACOSTA	2901 SW 8TH STREET # 206	MIAMI, FL. 33135

10. *I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.*

SIGNATURE: Rafaela Acosta RAFAELA ACOSTA 12/17/03 (305) 649-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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