


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 30 PM 12:22

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 9400007575

1. Corporation Name

Med-Tech Resources, Inc.

REINSTATEMENT 03-04

2. Principal Office Address 5703 NW 35th Ave		3. Mailing Office Address 5703 NW 35th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33142	Country USA	Zip 33142	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/20/1994	
5. FEI Number 650529593	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name The Law Office of Craig Dorn, PA	
Street Address (P.O. Box Number is Not Acceptable) 407 Lincoln Rd	
Suite, Apt. #, Etc. Penthouse Southeast	
City Miami Beach	State Zip Code FL 33139

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: Craig Dorn Date: 1/26/04  
 REGISTERED AGENT MUST SIGN

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
PSD	Esguenczi, Albert	5703 NW 35th Ave	Miami, FL 33142

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: Albert Esguenczi "PRESIDENT" 1/26/04 (305) 631-1180  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (1/02)

# Law Offices of Craig M. Dorne, P.A.

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January 27, 2004

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Med-Tech Resources, Inc.

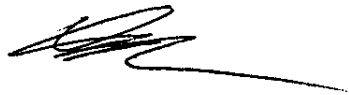
To whom it may concern:

The undersigned is requesting the waiver of the penalty for reinstatement of the above corporation as the annual report for last year was not received by the company. Enclosed herewith is the reinstatement form for reinstatement of the above corporation.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

The Law Offices of  
Craig M. Dorne, P.A.



Craig M. Dorne, Esq.  
For the Firm

CMD/ig  
Enclosure