

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000078621

**FILED  
Oct 25, 2004  
Secretary of State**

**Entity Name:** SAM PAES MED. & LAB. EQUIPMENT INC.

**Current Principal Place of Business:**

751 PINE DRIVE #111  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

751 PINE DRIVE #111  
POMPANO BEACH, FL 33060 US

**New Mailing Address:**

**FEI Number:** 65-0531878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PAES, SAMUEL  
751 PINE DRIVE #111  
POMPANO BEACH, FL 33060 US

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

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: \_\_\_\_\_

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:**

Title: PSTD ( ) Delete  
Name: PAES, SAMUEL  
Address: 751 PINE DR. 111  
City-St-Zip: POMPAN0 BEACH, FL 33060

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

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 Section 119.07(3)(i), 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: SAMUEL PAES

PSTD

10/25/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date