PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 JUN 23 PH 1:44 DOCUMENT # 795000005378 Complete Care Medical Equipment Inc. Principal Place of Business 1490W. 49PL.#311 SAME Hialeah FL. 3301Z REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 900 W . 49 ST. STE 314 New Mailing Address, If Applicable 900 w. 49 St. STE 314 1-18-1995 Applied For Not Applicable Florida 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) 980 N.W. 128 PL. Mjami, Fl. 33182 Siria Delgado Miami, FL. 33182 600002918866 -06/29/99--01068--001 *****900.00 -****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Siria Delgado Street Address (P.O. Box Number is Not Acoptable)

980 M.W. 128 PL.

Suite, Apt. *, Etc. Alan J. Marcus 20803 Biscaure Blvd. Ste 301 North Miami Beach, FL. 33180 Miami, FL 6/21/99 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes | I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access | certify that I am an officer or director or the receiver or trusted empowered to execute this application as provided for in chapter 607 or 617, F.S. | 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. | and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. 6/21/99 (305) 221-7229