PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS P95000005995 97 OCT 28 PM 4: 25 DOCUMENT # 1. Corporation Name th 10/29 SAINZ MEDICAL SYSTEMS, INC. Principal Place of Business Malling Address 7765 S.W. 141ST STREET 7765 S.W. 141ST STREET MIAM! FL 33158 **MIAMI FL 33158** TEMENT 95 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 01/24/1995 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0554577 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip SAINZ. G 7 765 S.W PSTD 7765 S.W. 141ST ST. **MIAMI FL 33158** VD SAINZ, M S 7765 S.W. 141ST ST. MIAMI FL 33158 500002338055---8 <del>11/04/97--01087--003</del>-8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CASTG, LILLIAM Number is Not Acceptable) 7765 S.W. 141ST ST. **MIAMI FL 33158** City Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. Yes l Nο 12. Loertify 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.

SAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: