


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 97 SEP 12 PM 3:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT <i>96-07</i>	
DOCUMENT # P95000028249						
1. Corporation Name JJ & GR RENTAL MEDICAL EQUIPMENT Corp.						
Principal Place of Business 943-A S.W. 87 Avenue Miami, Florida 33174			Mailing Address 943-A S.W. 87 Avenue Miami, Florida 33174			
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 Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/10/1995		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0570816		Applied For Not Applicable
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		
Zip	Country	Zip	Country	\$8.75 Additional Fee required for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip			
1	2	3	4			
PDVD	Fernando Martinez	943-A S.W. 87 Ave.	Miami, Fl 33174			
				200002293522--3 -09/15/97--01135--006 ****300.00 ****300.00		
				200002293522--3 -09/15/97--01135--007 ****300.00 ****300.00		
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent		
Gomez, Juan 5831 S.W. 9 Street #6 Miami, Fl 33144				Name Fernando Martinez		
				Street Address (P.O. Box Number is Not Acceptable) 943-A S.W. 87 Ave		
				Suite, Apt. #, Etc.		
				City Miami		
				State Zip Code Fl 33174-3		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.040, F.S.						
Signature of Registered Agent <i>Fernando Martinez</i> REGISTERED AGENT MUST SIGN				Date 09/15/97		
				200002293522--3 -09/15/97--01135--009 *****15.00 *****15.00		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/>						
(See other side for information on intangible tax.)						
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. 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., 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.						
SIGNATURE: <i>Fernando Martinez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date _____ Daytime Phone # _____						

CR2E040 (12/95)