PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR -3 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029527

Corporation Name D&C Medical Equipment Inc

Principal Office Address	Mailing Office Address
8161 SW 40 ST	8161 SW 40 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami Fl	City & State Miami, Fl
33155 / Country Miami Dade	Zip 33155 / Country Miami Dade

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida 4/14/95 SP

5. FEI Number 65-0552793 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RAISA Hernandez

200004009212--2
-04/16/01--01007--003
****900.00 ****900.00

Street Address (P.O. Box Number Is Not Acceptable) 8161 SW 40 street

Suite, Apt. #, Etc.

City Miami — State FL — Zip Code 33155

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 (X) [signature] — Date 4/1/2001

REGISTERED AGENT MUST SIGN

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
D	RAISA Hernandez	8161 SW 40 ST.	Miami Fl 33155

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)(l), 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: (X) [signature] — 4/1/01 — 7863881322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #