

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 APR -9 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04
MRS

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000042254

1. Corporation Name
TAG MEDICAL EQUIPMENT, INC.

2. Principal Office Address 4800 WEST FLAGLER ST. Suite, Apt. #, etc. #109 City & State MIAMI, FLORIDA Zip 33134 Country USA		3. Mailing Office Address P.O. BOX 350488 Suite, Apt. #, etc. City & State MIAMI, FLORIDA Zip 33135 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 05-31-1995

5. FEI Number 65-0584584	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RENE RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)
4800 WEST FLAGLER ST. 400032977734
04/16/04--01069--004 **300.00

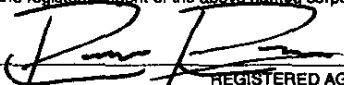
Suite, Apt. #, Etc.
109

City
MIAMI

State
FL

Zip Code
33134

8. 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  REGISTERED AGENT MUST SIGN

Date 04-08-2004

9. 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
P/D	RENE RAMIREZ	4800 WEST FLAGLER ST- # 109	MIAMI, FL33134

10. 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)(f), 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:  04-08-2004

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

CR2E061 (01/04)