PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION FOR NO. Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS REINSTATEMENT 1997 JUL -9 AM 10: 17 DOCUMENT # 1950 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name BIOMEDICAL LEASING CORP. Principal Place of Business 14120 Harpers Ferry St 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 Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business In Florida 1994 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0619436 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Country CERTIFICATE OF STATUS DESIRED 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 141 au Houpers Ferry St M. INGRAM Davie FL 33325 Pres 000002236580--3 -07/11/97--01124--006 ****915.00 ****915.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name JOHN M. INGRAM Street Address (P.O. Box Number is Not Acceptable) 14120 HOLBERS FERRY ST Suite, Apt. #. Etc. Savie Fr City Zip Code above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered agent of the Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intergible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No LX Yesl 12. 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 filling 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 said 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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: