

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2006 DEC 21 AM 12:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # *P96000036088*

1. Corporation Name

*ASM Medical Enterprises, Inc.*

2. Principal Office Address

*6011 Rodman street*

Suite, Apt. #, etc.

*Suite 206*

City & State

*Hollywood, Florida*

Zip

*33023*

Country

*Broward*

3. Mailing Office Address

*6011 Rodman Street*

Suite, Apt. #, etc.

*Suite 206*

City & State

*Hollywood, Florida*

Zip

*33023*

Country

*Broward*

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

*04/22/1996*

5. FEI Number:

*65-0690206*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

3075 Annual Report  
2006-01-01 to 2006-12-31

7. Name and Address of Current Registered Agent

Name

*Carmen Suarez*

Street Address (P.O. Box Number is Not Acceptable)

*9825 Costa Del Sol Boulevard*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33178*

*000082945220*

*01/03/07--01/01/04 \*\*300.00*

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

*Carmen Suarez*

REGISTERED AGENT MUST SIGN

Date

*12/19/06*

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
<i>PRES</i>	<i>Hector Suarez</i>	<i>6011 Rodman Street, #206</i>	<i>Hollywood, FL 33023</i>

**REINSTATEMENT 05-06**

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 contained in Chapter 119, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/19/06*

Date

Daytime Phone #

DEC 21 2006

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEARS OF 2005 AND 2006 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



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HECTOR SUAREZ  
PRESIDENT