1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
04 FEB 25 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-96000070808

1. Corporation Name
YAKEL MEDICAL EQUIPMENTS, CORP.

REINSTATEMENT 03-04
05-05-03 91453 004 #150.75

2. Principal Office Address	**3.** Mailing Office Address
9445 SW 40 ST	9445 SW 40 ST
Suite, Apt. #, etc.: 107	Suite, Apt. #, etc.: 107
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0697452 ☐ 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: MELVIN MORENO

Street Address (P.O. Box Number is Not Acceptable): 11040 SW 26 ST

Suite, Apt. #, Etc.:

700030462847
03/15/04--01026--025 **150.00

City: MIAMI State: FL Zip Code: 33165

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PRESIDET	Melvin Moreno	11040 SW 26 ST	MIAMI, FL, 33165

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)(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: _____ 02-24-04 (305) 229 9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Miami 2/24/04 2052

ATT. Ms TINA.

I neves RECIEVED the letter REJECTING the anual report please accept this reinstalement with the check of #150.00 for 2004 anual report

Thanks in advanced.

presidente.