PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 96-01

DOCUMENT # P97000024364

1. Corporation Name

Briton-Med Manufacturing, Inc.

2. Principal Office Address	3. Mailing Office Address
17901 N.W. 5th St.	17901 N.W. 5th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite #103	Suite #103
City & State	City & State
Pembroke Pines, FL	Pembroke Pines, FL
Zip / Country	Zip / Country
33029 Broward Cnty	33029 Broward Cnty

4. Date Incorporated or Qualified To Do Business in Florida: 3/12/97

5. FEI Number: 65-0742613 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Ausberto B. Hidalgo
Street Address (P.O. Box Number is Not Acceptable): 17901 N.W. 5th St., Suite #103
Suite, Apt. #, Etc.: Suite #103
City: Pembroke Pines | State: FL | Zip Code: 33029

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 9-6-01

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
D	Ausberto B. Hidalgo	17901 N.W. 5th St., Suite #103	Pembroke Pines, FL 33029
D	Leandra Candia	17901 N.W. 5th St. Suite #103	Pembroke Pines, FL 33029
D	Eduardo Bolumen	17901 N.W. 5th St. Suite #103	Pembroke Pines, FL 33029
D	Jorge L. Cabrera	17901 N.W. 5th St. Suite #103	Pembroke Pines, FL 33029
D	Dalia Bermudez	17901 N.W. 5th St. Suite #103	Pembroke Pines, FL 33029
D	Enrique Berrios	17901 N.W. 5th St. Suite #103	Pembroke Pines, FL 33029

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: _____ 9/6/01 (305) 302-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RAUL RICARDO, C.P.A.
Account Number : I19990000200
Phone : (305)825-4777
Fax Number : (305)824-4997

CORPORATION REINSTATEMENT

BRITON-MED MANUFACTURING, INC.

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