

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 SEP -4 PM 1:28

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000033423

1. Corporation Name

Universal Bio-Medical Enterprises, Inc.

**REINSTATEMENT** 03-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
9102 N. Meridian Street

3. Mailing Office Address  
9102 N. Meridian Street

Suite, Apt. #, etc.  
Suite 250

Suite, Apt. #, etc.  
Suite 250

City & State  
Indianapolis, IN

City & State  
Indianapolis, IN

Zip Country  
46260 Marion

Zip Country  
46260 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 4/14/1997

5. FEI Number  
650756378

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Georges Afif

Street Address (P.O. Box Number is Not Acceptable)  
350 South County Road

Suite, Apt. #, Etc.  
Suite 102

City  
Palm Beach

State Zip Code  
FL 33480

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 Aug 22, 2007

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
Pres.	Georges Afif	350 South County Road	Palm Beach, FL 33480
Chairman	Mack Hunter	9102 N. Meridian Street, Suite 250	Indianapolis, IN 46260
Sec	Donald Oatess	9102 N. Meridian Street, Suite 250	Indianapolis, IN 46260
Treas	Timothy Oatess	9102 N. Meridian Street, Suite 250	Indianapolis, IN 46260

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:

*Mack Hunter*

Mack Hunter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-07

Date

317-587-0978

Daytime Phone #