H02000235230 8

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 DEC 11 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P97000093720

1. Corporation Name

HAFAR MEDICAL EQUIPMENT INC.

2. Principal Office Address	3. Mailing Office Address
1840 W. 49 St.	1051 W. 29 St.
Suite, Apt. #, etc.: 305-A	Suite, Apt. #, etc.: # 2
City & State: Hialeah, Florida	City & State: Hialeah, Fl. 33012
Zip: 33012 Country: USA	Zip: Country:

4. Date Incorporated or Qualified to Do Business in Florida:

5. FEI Number: 65-0793469 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $6.25 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Michel Mari

Street Address (P.O. Box Number is Not Acceptable): 10101 W. Okeechobee Rd. # 21101

Suite, Apt. #, Etc.:

City: Hialeah Gardens — State: FL — Zip Code: 33016-3115

8. I being appointed the registered agent of the above-named corporation, am familiar with and I accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Michel — REGISTERED AGENT MUST SIGN — Date: 12-9-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S/T	Michel Mari	10101 W. Okeechobee Rd.#21101	Hialeah GArdens, Fl. 33016-3115

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 any the 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 officers 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: Michel Mari — 12-9-02 — 305-512-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #