


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-02

<b>CORPORATION REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <b>1. Corporation Name</b> F&R MEDICAL SALES & CONSULTING CORP. Doc # P97000095493	
<b>2. Principal Office Address #</b> 18505 S.W. 104th Ave 10 Suite, Apt. #, etc. STE # 10 City & State MIAMI - DADE FL Zip 33157 Country USA	<b>3. Mailing Office Address</b> 14102 S.W. 110 Ave Suite, Apt. #, etc. — City & State MIAMI, FL 33176 Zip 33176 Country USA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> November 7, 1997	
<b>5. FEI Number</b> 65-0794052	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b> Name ROCHELLE SCAVELLA Street Address (P.O. Box Number is Not Acceptable) 14102 SW 110 Ave Suite, Apt. #, Etc. — City MIAMI, FL 33176		400007114044-2 -08/14/02-01070-012 ***1350.00 *** 350.00 State FL Zip Code
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<b>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.</b> Signature of Registered Agent ROCHELLE SCAVELLA Date 8/8/02 REGISTERED AGENT MUST SIGN	
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<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Felix F. Scavella	14102 S.W. 110 Ave	MIAMI, FL 33176
V.P.	ROCHELLE SCAVELLA	14102 S.W. 110 Ave	MIAMI, FL 33176
V.P.	KELLY SCAVELLA	14102 SW. 110 Ave	MIAMI, FL 33176
Treas.	FELIX SCAVELLA	14102 S.W. 110 Ave	MIAMI, FL 33176

<b>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.</b> SIGNATURE: ROCHELLE SCAVELLA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/8/02 Daytime Phone # 305-255-8895	
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CR2E081 (9/01)

js 8/12/02