

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000003702

1. Corporation Name

Red-X Medical, Inc.

2. Principal Office Address

6356 Manor Lane

Suite, Apt. #, etc.

106

City & State

South Miami, FL

Zip

33143

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 00-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN. 13 1999

5. FEI Number

65-0887261

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

Alber + Tellechea

Street Address (P.O. Box Number is Not Acceptable)

2445 SW 28 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33133

900005451409-7

-05/06/02--01004--006

***1050.00 ***1050.00

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

Albert Tellechea
REGISTERED AGENT MUST SIGN

Date

4/22/2002

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
Sec.	Edwin Rivera Jr.	6110 SW 33 St.	MIAMI, FL. 33155
Pres.	Albert Tellechea	2445 SW 28 St.	MIAMI, FL. 33133

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:

Edwin Rivera Jr.

Edwin Rivera Jr.

4/22/02

Date

305-740-6810

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)