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7. Name and Address of Current Registered Agent  Name  Mitchell A. Cohen  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)	رقو پيدارو	1	PLEA	SE READ	ALL INS	TRUCT	IONS B	EFORE C	OMPLET	ING THIS FO	RM.		`
2. Principal Office Address 351 S. Cypress Rd  Suite, Apt. #, etc. Suite 400  City & State Pompano Beach Pompano Beach  Zip 33060  Country USA  Country USA	REINSTATEMENT				Katherine Harris Secretary of State			01 AUG 20 PM 2: 04					
2. Principal Office Address 351 S. Cypress Rd  Suite, Apt. #, etc. Suite 400  City & State Pompano Beach  Pompano Beach  Zip 33060  Country USA  Size Additional Feer required for a Certificate of Status  T. Name and Address of Current Registered Agent  Name  Mitchell A. Cohen  Street Address (P.Q. Box Number is Not Acceptable)	1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Suite, Apt. #, etc. Suite 400  City & State Pompano Beach  Country USA  Countr		~Palm	÷beac	n Medics,	inc				X				
Suite 400  Suite 400  Suite 400  Suite 400  4. Date Incorporated or Qualified To Do Business in Florida  08/04/1999  5. FEI Number  Applied For Not Applicable  Cerrificate of Status  7. Name and Address of Current Registered Agent  Mitchell A. Cohen  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)									RFIN	STATEM	ent $\sim$	3/5	9
City & State Pompano Beach Pompano Beach Pompano Beach Street Address (P. Country USA  City & State Pompano Beach Street Address (P. Country USA)								4. Date Incorporated or Qualified					
33060 Country USA  Zip 33060 Country USA  CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status  7. Name and Address of Current Registered Agent  Name  Mitchell A. Cohen  Street Address (P.O. Box Number is Not Acceptable)	City & State					mpano Beach				er _	ХАр		
Name Mitchell A. Cohen Street Address (P.O. Box Number is Not Acceptable)	Zip	33060	Country	USA	<sup>Zip</sup> 330	60	Country [	JSA	6.	_	\$8.75 Additional	Fee required	- 10 may
Mitchell A. Cohen  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  8000045861483					7. :	Vame and A	ddress of Cu	rrent Registere	ed Agent	Section 1			23
Street Address (P.Q. Box Number is Not Acceptable) 351 S. Cypress Rd 800004585148 - 3		Name Mitchell A. Cohen											
-03, 12, 00 and *****900, UU		Street Address (P.Q. Box Number is Not Acceptable)						8000045861483 -09/12/0101066017 -09/12/0101066017					
Suite, Apt. # Etc. Suite 400		Suite, Apt. # Etc. Suite 400							-03/12/01-01000 *****900.00 *****300.00				
Pompano Beach State FL Zip Code 33060		City								State Zip Code FL 33060			
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 Age.  Registered Age.  Date  7 7 0 0 1 80 80 80 80 80 80 80 80 80 80 80 80 80	Signature o		registere	tell	Cepe	^		od accept the ob	ligations of section	.11	3, F.S.		CR2E081 (9/00)
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	9. Names	and Street Ad	ddresses o	of Each Officer an	d/or Director (Flo	orida nonprof	it corporation	s must list at lea	st 3 directors)	The second secon		and the second of the second o	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	Titles		Officers	Name of and/or Directors	i	;	Street A Officer	ddress of Each and/or Director		City	y / State / Zip		l
P/D Malcolm M. Cohen , 351 S. Cypress Road Suite 400 Pompano Beach, FL 33060	P/D	Malco	1m M.	Cohen ,		351 S	. Cypre	ss Road	Suite 400	Pompano Be	each, FL 33	060	
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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: Muladim M Ochu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR