

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 SEP 16 AM 9:23

SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000090468

1. Corporation Name

MAJOR MEDICAL INDUSTRIES, INC.

2. Principal Office Address

19138 N.W. 23RD. CT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLA.

Zip

33029

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida

1999

5. FEI Number

65-0955343

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

JORGE R. MUÑOZ

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

19138 N.W. 23RD. COURT

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

100059715011
09/16/05 01047 005 **300 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

[Signature]

REGISTERED AGENT MUST SIGN

Date SEPT 13 2005

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
<u>PD</u>	<u>JORGE R. MUÑOZ</u>	<u>19138 N.W. 23RD. CT.</u>	<u>PEMBROKE PINES, FL 33029</u>
<u>VSD</u>	<u>VIOLA A. MUÑOZ</u>	<u>19138 N.W. 23RD CT.</u>	<u>PEMBROKE PINES, FL 33029</u>

REINSTATEMENT 04-05

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: [Signature] JORGE R. MUÑOZ, PRESIDENT / SEPT. 13 2005 / 954 450-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Major Medical Industries, Inc.

September 13, 2005

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, Fla. 32301

Dear Sirs:

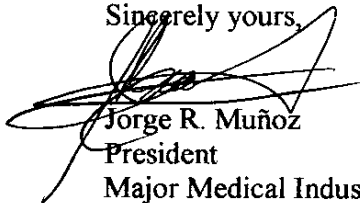
Enclosed please find a reinstatement form for our corporation described therein.

We are requesting for the late filing fee to be waived for reasons of not having received the notices for filing the same.

We are also enclosing a check for \$300.00 to cover both, the 2004 and the 2005 report filing fees.

Thanking you in advance for your kind and anticipated cooperation in this matter, we remain

Sincerely yours,



Jorge R. Muñoz
President
Major Medical Industries, Inc.
Corporate Document #P99000090468