

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JUN 18 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000090468</b> 1. Entity Name <b>MAJOR MEDICAL INDUSTRIES, INC.</b>	
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Principal Place of Business <b>19138 N.W. 23RD CT. PEMBROKE PINES, FL 33029 US</b>	Mailing Address <b>19138 N.W. 23RD CT. PEMBROKE PINES, FL 33029 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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REINSTATEMENT

06/12/2007 REIN P CR22088 (1/07)

4. FEI Number <b>65-0955343</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  <b>MUNOZ, JORGE R 19138 N.W. 23RD CT. PEMBROKE PINES, FL 33029</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DATE: JUNE 14, 2007

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNOZ, JORGE R</b>	NAME	<b>400104517594</b>
STREET ADDRESS	<b>19138 N.W. 23RD CT.</b>	STREET ADDRESS	<b>05/18/07--01061--011 **300.00</b>
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>	CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNOZ, VIOLA A</b>	NAME	
STREET ADDRESS	<b>19138 N.W. 23RD CT.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33029</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JORGE R. MUNOZ** DATE: JUNE 14, 2007 914450-1217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR