PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 22 PM 1:53

DOCUMENT # S01701

1. Corporation Name
Best Medical And Hospital Suppliers, Inc.

REINSTATEMENT

800086809798 05-07
01/31/07--01031--007 **1050.00

CR2E081 (12/05)

2. Principal Office Address	**3.** Mailing Office Address
450 E 9 Street	450 East 9 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33010 Country: Miami-Dade	Zip: 33010 Country: Miami-Dade

4. Date Incorporated or Qualified To Do Business in Florida 09-19-1990

5. FEI Number 65-0222606 ☐ 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: Medina, Raul

Street Address (P.O. Box Number is Not Acceptable): 450 East 9 Street

Suite, Apt. #, Etc.:

City: Hialeah | State: FL | Zip Code: 33010

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 _____ Date 33010

REGISTERED AGENT MUST SIGN

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
D	Medina, Raul	450 E. 9 Street	Hialeah, FL 33010

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 contained in Chapter 119, 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: _____ 1-18-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #