__2006 FOR PROFIT CORPORATION REINSTATEMENT

/ KENOTALEMENT						-			
DOCUMENT # S27000 1. Entity Name ULTRATECH MEDICAL SUPPLIES AND EQUIPMENT, INC.						06	FILED OCT -9 AM	II: 37	
Principal Plac	e of Busines		Mailing Address			7			
8150 SW 8TI		•	<u>-</u>	8150 SW 8TH ST			Miles Ist a	TATE	
STE 105	131			STE 105			AHASSEE, FL		
MIAMI, FL 3	3144 US		MIAMI, FL 33144	MIAMI, FL 33144 US			·		(IREC H (CC)
2. Principal P	lace of Busin	iess	3. Mailing Address	3. Mailing Address					
Cuita Ant	# -1-		Suite Apt # ete	Suite, Apt. #, etc.				A 25 ST E ST E ST	· 1
Suite, Apt. #, etc.			Suite, Apr. W, etc.	Suite, Apt. #, etc.			STATE!	11/05)	10
City & State			City & State	City & State			er	1	piled rur
							8008	No	t Applicable
Zip	Country		Zip	Zip Cour		5. Certificate	of Status Desired	□ \$8.75 Add	
							Fee Require	Fee Required	
	6. Name	and Address of Curr	ent Registered Agent		Name	7. Name and	Address of New R	egistered Agent	
DE ARMA	AIINA				Name				
16542 NW				Street Add		(P.O. Box Numb	er is Not Acceptable	9)	
MIAMI, FL	33016				ļ			 _	
]					City			FL Zip Cod	e
8 The above	named entit	v submits this statemer	nt for the purpose of changing	its register	red office or registe	ered agent or bo	ath in the State of Flo		and accept
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when retrievaling) DATE									
			 -				T .		
1		FEE IS \$150.00 107, Fee will be \$30	00.00				In accordance v corporation did	with s. 607.193(2)(b), not receive the prior i	F.S., the notice.
10.		OFFICERS A	ND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	PD		☐ Delete	ĪП	LE			☐ Change	☐ Addition
NAME	DE ARMA	AS, ALINA		NAI	uE				
STREET ADDRESS 16542 NW 83 PL					EET ADDRESS				
CITY-ST-ZIP	MIAMI, FI		.,	CITY-ST-ZIP		<u>-</u>		<u> 587879</u>	0.00
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CITY-ST-ZIP					Y-ST-ZIP				
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CITY-ST-ZIP				сп	Y-ST-ZIP				
TITLE		140 t w w	☐ Delete	řΠ	LE			Change	☐ Addition
NAME				NAI	WE				
STREET ADDRESS	ļ				REET ADDRESS				
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NAME STREET ADDRESS				NA.					
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NAME	ł		عمامی ب	NAI	I			C) Grange	L. HUMION
STREET ADDRESS	1				REET ADDRESS				
CITY-ST-ZIP				СІТ	Y-ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 eath; 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.									
016114		(Mis.	e le li		/		10/3/	106	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distance Despuire Phone 8									