PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FL REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		O4 FEB -9 PM 4: 22 SECHLIFLY OF STATE TALLATIASSEE FLORIDA	
DOCUMENT # 556266 1. Corporation Name Global Medical, Inc. 2720 West 78 St. Hialeah, FL 33016					r r	
2. Principal Office Address 2720 W. 78 St 2720 W. 78 St Suite, Apt. #, etc. Suite, Apt. #, etc.					500028411905 02/09/0401049007 **300.00	
City & State Lialcah, FC Zip Country 33016 USA		City & State Healewh, Fh Zip 33016 Country USA		5. FEI Number 6. O273950 Applied For Not Applicable CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status		
Name SALVADOR Maskin ov						
	Street Address (P.O. Box Number is Not Acceptable). 3.980 SW 45 Terrace Suite, Apt. #, Etc.					
	City Hiraman					State Zip Code FL 33027
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 127.04						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles	Off	Name of icers and/or Directors	s	Street Address of Eac Officer and/or Directo		City / State / Zip
P	SALVADOR CASTANER		ANER 39	3980 SW 145 Trr		Miramar, FL 33027
VΡ	Harilu	z Castai	NER 398	80 SW 145	Trr	Miramor, FL 33027

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 filling 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 AND TYPEO OR PRINTED NAME OF SIGNING OPEICER OR DIRECTOR Date Date Date Date Date						
1	SIGNAT	URE AND TYPED OR P	RINTED NAME OF SIGNING	OPILICER OR DIRECTOR	<i>- 1</i>	Date / Daytime Phone #

Global Medical, Inc.

January 27, 2004

RE: Global Medical, Inc. Document # S56266

To whom it may concern,

By means of this letter I wish to kindly request the reinstatement of Global Medical, Inc.—Last year I had many personal problems during my pregnancy ultimately resulting in the death of my child and I completely disregarded the renewal of the corporate filings. I have included a check for \$300.00 to see if it would be possible to reinstate as soon as possible.

War G

Mariluz Castaner