


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S66532 <small>1. Corporation Name</small> BIOFLUX MEDICAL, INC. 13255 S.W 137 AVE STE: 114 MIAMI FL , 33186		99 JUL -6 AM 9:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900002936579--9 -07/20/99--01076--016 ***1050.00 ***1050.00	
<small>Principal Place of Business</small> 13255 S.W 137AVE STE# 114 MIAMI FL,33186		<small>Mailing Address</small> 13255 S.W 137 AVE STE # 114 MIAMI FL,33186	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
<small>2. New Principal Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country		<small>3. New Mailing Office Address, If Applicable</small> Suite, Apt. #, etc. City & State Zip Country	
		<small>4. Date Incorporated or Qualified To Do Business in Florida</small> 07/15/1991	
		<small>5. FEI Number</small> 13-3428696	
		<small>6. CERTIFICATE OF STATUS DESIRED</small> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<small>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</small>			
<small>Title(s)</small> 1	<small>Name of Officers and/or Directors</small> 2	<small>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</small> 3	<small>City / State / Zip</small> 4
P	KOS, PAULO DE AVILA	2 GROVE ISLE DR # 409	MIAMI FL, 33133
<small>8. Name and Address of Current Registered Agent</small> KOS, PAULO DE AVILA 2 GROVE ISLE DR # 409 MIAMI FL ,33133		<small>9. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
<small>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</small> Signature of Registered Agent <i>Paulo de Avila</i> Date 6/14/99 <small>REGISTERED AGENT MUST SIGN</small>			
<small>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</small> Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(See other side for information on intangible tax.)</small>			
<small>12. 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.</small>			
SIGNATURE: <i>Paulo de Avila</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date Daytime Phone #</small>	

CR2E081 (12/98)