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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
02 JAN 11 PM 3:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000004618

1. Corporation Name
Ocumed Group, Inc.
 119 Harrison Avenue
 Roseland, NJ 07068

900004777399--0
-01/16/02--01030--002
***308.75 ***308.75

2. Principal Office Address
 119 Harrison Ave.
 Suite, Apt. #, etc.

3. Mailing Office Address
 119 Harrison Ave.
 Suite, Apt. #, etc.

City & State
 Roseland, NJ

Zip
 07068 USA

4. Date incorporated or Qualified To Do Business in Florida
 Inc 8/98 (FA-8/15/00)

5. FEI Number
 22-36-00171

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

01-02 [Signature]

7. Name and Address of Current Registered Agent

Name
Alfred R. Caggia

Street Address (P.O. Box Number is Not Acceptable)
 1255 Commerce Blvd., South

Suite, Apt. #, Etc.

City
 Sarasota

State
 FL

Zip Code
 34243

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
 [Signature]
 REGISTERED AGENT MUST SIGN

Date
 1/10/02

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 |
|--------|-----------------------------------|--|--------------------|
| P/D | Alfred R. Caggia | 71 Montvale Ave. | Montvale, NJ 07645 |
| V/D | Louise A. Cummings | 26 Parkway East Ave.D-2 | Caldwell, NJ 02006 |
| SV/D | Paul Filipek | 11 Hemmion Drive | Parsippany, NJ |
| | | | |
| | | | |

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 under section 119.07(3)(b), 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: **ALFRED R. CAGGIA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 1/10/02

Daytime Phone #
 1-973-226 2330

CR25181 (REV)

2022

Secretary of State
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

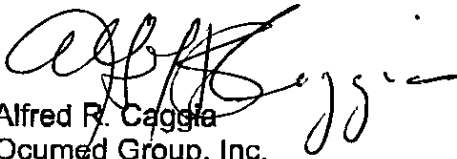
RE: Corporate Reinstatement

Dear Sir or Madam:

Enclosed is the Corporate reinstatement form for Ocumed Group, Inc. and a check in the amount of \$308.75. Although this entity is incorporated in the State of Florida, we are located in the State of New Jersey. Notice of Annual report was not received, and I have been advised that late fees will be waived for this reason.

Your prompt attention to this matter will be greatly appreciated. If you have any questions, please do not hesitate to contact me.

Respectfully,



Alfred R. Caggia
Ocumed Group, Inc.
119 Harrison Avenue
Roseland, NJ 07068
Phone: 973-226-2330

Enclosures