PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 SEP 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-09/25/01--01082--030
****150.00 ****150.00
00-01

DOCUMENT # P95000032462

1. Corporation Name

YAMIRA MEDICAL EQUIPMENT, INC.

2. Principal Office Address	**3.** Mailing Office Address
CALLE FERNANDEZ GARCIA #26	3636 SW 87TH AVENUE
Suite, Apt. #, etc.: LOCAL 3 - LUQUILLO PLAZA	Suite, Apt. #, etc.: --
City & State: LUQUILLO, PUERTO RICO	City & State: MIAMI, FL.
Zip: 00773 Country: P.RICO	Zip: 33165 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 04/26/95

5. FEI Number: 65-0575678 ☐ 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

400004610784--9
-09/25/01--01082--031
****158.75 ****158.75

Name: KIMRAJ AMRUD

Street Address (P.O. Box Number is Not Acceptable): 1501 FOUNTAINEBLEAU BLVD. APT. 609

DEPOSIT ACCOUNT 00-018

Suite, Apt. #, Etc.: 609

City: MIAMI State: FL Zip Code: 33172

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: 24-Aug-01

CR2E081 (6/00)

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
PRES	KIMRAJ AMRUD	1501 FOUNTAINEBLEAU BLVD.	MIAMI, FL 33172
		APT. 609	

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)(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] 24/8/01

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