

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000032462			
1. Corporation Name YAMIRA MEDICAL EQUIPMENT, INC.			
2. Principal Office Address CALLE FERNANDEZ GARCIA #26		3. Mailing Office Address 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	
6. CERTIFICATE OF STATUS DESIRED ☒ \$9.75 Additional Fee required for a Certificate of Status		☐ Applied For ☐ Not Applicable	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7. Name and Address of Current Registered Agent	
Name	KIMRAJ AMRUD
Street Address (P.O. Box Number is Not Acceptable)	1501 FOUNTAINEBLEAU BLVD. APT. 609
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.

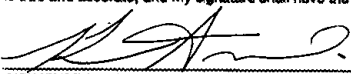
Signature of Registered Agent:  Date: 24 Aug -01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KIMRAJ AMRUD	1501 FOUNTAINEBLEAU BLVD. APT. 609	MIAMI, FL. 33172

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

24/8/01

Daytime Phone #