

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P98000038924

1. Corporation Name

AMERIFARMA, INC.

Principal Place of Business

Mailing Address

3379 SW 3RD AVE
MIAMI FL 33145

3379 SW 3RD AVE
MIAMI FL 33145



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1414 NW 107th STREET

Suite, Apt. #, etc.

314

City & State
MIAMI FL

Zip Country

33145

3. New Mailing Office Address, if Applicable

1414 NW 107th STREET

Suite, Apt. #, etc.

314

City & State
MIAMI FL

Zip Country

33145

4. Date Incorporated or Qualified To Do Business in Florida

04/29/1998

5. FEI Number

65-0835439

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GUILLERMO, ORTIZ	1402 BRICKELL BAY DR.(803)	MIAMI FL 33131
			900004769889--0 -01/11/02--01080--023 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ALVAREZ-VICTOR M
WHITE & CASE LLP
200 S. DISCAYNE BLVD., SUITE 4000
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
GUILLERMO ORTIZ
Street Address (P.O. Box Number is Not Acceptable)
1402 BRICKELL BAY DRIVE
Suite, Apt. #, Etc.
803
City
MIAMI
State
FL
Zip Code
33131

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.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date

12/26/01

11. 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)(l), 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/26/01

Daytime Phone #

302-4369905

CR2E040 (001)

2 of 2

Amerifarma, Inc,
1414 NW 107th Street, Suite 314
Miami, FL 33145

December 19, 2001

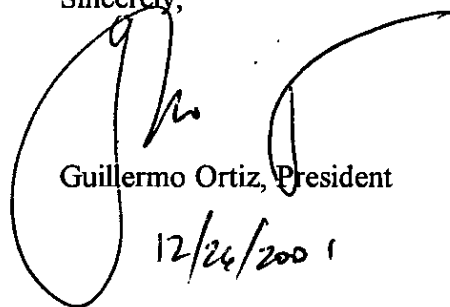
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I am requesting reinstatement for Amerifarma, Inc and have filled out the application for reinstatement. I am enclosing a check in the amount of \$150.00 for reinstatement because the Company did not receive the 2001 Uniform Business Report at the Company's present mailing address.

Thanks in advance for your attention to this matter.

Sincerely,



Guillermo Ortiz, President
12/24/2001