

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 26 PM 5:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K12686**

1. Corporation Name

C.R.R. BIOMEDICAL, INC

2. Principal Office Address

4372 S.W. 73RD AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

4372 S.W. 73RD AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33155

Country

USA

Zip

33155

Country

USA

600009248236

11/27/02--01108--016 **900.00

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/1988

5. FEI Number

650024016

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

Name

CIRO R. RIOS

Street Address (P.O. Box Number is Not Acceptable)

15290 SW 37 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33185

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

Ciro R. Rios

Date

11/26/02

REGISTERED AGENT MUST SIGN

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
PTD	CIRO R. RIOS	15290 S.W. 37 TERRACE	MIAMI, FL 33185

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:

CIRO R. RIOS **Ciro R Rios**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/02

Date

305 2616106

Daytime Phone #

CR2E081 (9/01)