

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K 19232**

1. Corporation Name

A.B.C. MED, INC.

2. Principal Office Address - No P.O. Box #

8050 N.W. 64 ST

Suite, Apt. #, etc.

BA1

City & State

MIAMI FL

Zip

33166

Country

DADE

3. Mailing Office Address

8050 N.W. 64 ST

Suite, Apt. #, etc.

Suite 1

City & State

MIAMI-FL-33166

Zip

33166

Country

DADE

7. Name and Address of Current Registered Agent

Name

FERNANDEZ, JORGE L.

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

7351 S WATERWAY DR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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

REGISTERED AGENT MUST SIGN

Date **1/31/07**

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
PD	FERNANDEZ, JORGE L.	7351 S. WATERWAY	MIAMI-FL-33155
SDT	OLMOS, ORLANDO	7351 S. WATERWAY	MIAMI-FL-33155

400089586434

02/27/07--01029--009 **165.00

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 contained in Chapter 119, 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

Jan 31 2007 (305) 5926517

Daytime Phone #

FILED

07 FEB -1 PM 1:42

SECRET
TALLAHASSEE, FLORIDA

400089586434
02/27/07--01029--008 **1508.75

REINSTATEMENT

97-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1988

5. FEI Number

65-0039076

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.