

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 MAY -2 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76790

1. Corporation Name

V-MED ENTERPRISES, INC.

2. Principal Office Address

8251 West Broward Blvd

Suite, Apt. #, etc.

Suite 305

City & State

Plantation, FL

Zip

33324

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/89

5. FEI Number

65-0111645

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

VICTORIA MALLOW

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

2586 MAYFAIR LANE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

Victoria Mallow

Date

4/30/02

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
Pres	Gary W. Mallow, President	8251 West Broward Blvd	Plantation, FL 33324
Secy	VICTORIA MALLOW	2586 MAYFAIR LN	WESTON, FL 33327

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:

Victoria Mallow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

(954)275-2610

Daytime Phone #

CR2E081 (9/01)

SADOFF, RASKIN & ASSOCIATES, P.A.

Certified Public Accountants

INTERCONTINENTAL PROFESSIONAL CENTER

1535 NORTHPARK DRIVE - SUITE 101

WESTON, FLORIDA 33326

MEMBERS:

AMERICAN INSTITUTE OF C.P.A.'S

FLORIDA INSTITUTE OF C.P.A.'S

PHONE: (954) 385-3332

FAX: (954) 385-6464

May 1, 2002

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: V-Med Enterprises, Inc.
Document No: K76790

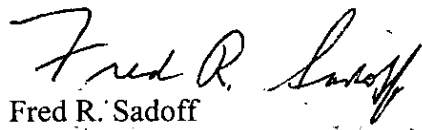
To Whom It May Concern:

We are the Accountant's for the above referenced taxpayer. We have enclosed a Corporation Reinstatement Form along with a check in the amount of \$600.00.

Please be advised that this company had used their prior attorney as their Registered Agent. They were not aware that their Company had been dissolved. Due to the change of their Registered Agent, the company never received their original Uniform Business Report, and therefore, did not file their report for the years 1999, 2000 and 2001. We respectfully request that the penalty not be assessed and that the \$600.00 payment enclosed to be used to cover the cost of the years 2000, 2001 and 2002.

Thank you in advance for your consideration in this matter. Please feel free to contact us if you need additional information.

Sincerely,
Sadoff, Raskin & Associates, P.A.



Fred R. Sadoff
Certified Public Accountant