

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN 20 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L10556

1. Corporation Name

Nebu Med, Inc.

W98 000000363

Principal Place of Business

Mailing Address

1686 Coral Way  
Miami, FL 33145-2858

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

8/22/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0160226

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ 5875 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Jorge Monteagudo	1630 SW 96 Avenue	Miami, FL 33145
			900002413369--7 -01/27/98--01076--001 ****915.00 ****915.00
			900002413369--7 -01/27/98--01076--002 ****150.00 ****150.00
			ao 1/20

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

Gerardo Remy Jr.  
2900 SW 22nd Street  
Miami, FL 33133

Name

Jorge Monteagudo

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

1630 SW 96 Avenue

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33145

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

Jorge Monteagudo

REGISTERED AGENT MUST SIGN

Date X 12/16/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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, upon filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0101, F.S., and that all fees owed by the corporation have been paid. 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:

Jorge Monteagudo

Jorge Monteagudo

12/16/97

CR20040 (12/95)