

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Mark W. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

2001 UBR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007875

1. Corporation Name

FARMAGEN, INC.

2. Principal Office Address

3038 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

USA

3. Mailing Office Address

3038 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33122

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1008699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

600004852536--8

-02/01/02--01025--006

\*\*\*\*\*8.75 \*\*\*\*\*8.75

7. Name and Address of Current Registered Agent

Name

MARISOL ZAPATA

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

3038 NW 82 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

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\*\*\*\*150.00 \*\*\*\*150.00

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

*Marisol Zapata*  
REGISTERED AGENT MUST SIGN

Date

12-21-01

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
P/O	MARISOL ZAPATA	3038 NW 82 AVE	MIAMI, FL 33122

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-01

Date

305/718-8121

Daytime Phone #

CR20081 (9/00)

# **U.S.A. IMMIGRATION SERVICES, LLC**

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2012

Stephanie Rogers, President

Hugo Florido, General Counsel

Hobel Florido, General Counsel

Marlo D. Robinson, Sr. Recruiting Nurse/General Counsel

December 21, 2001

Attn: Reinstatement Division

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: FARMAGEN, INC. - Reinstatement and Annual Report Filing

Dear Sir or Madam:

Pursuant to our telephone conversation to your Reinstatement Department, enclosed please find the Reinstatement and Annual Report Form, along with the fee of \$150.00.

It is further confirmed that the additional Reinstatement fees are waived due to your office reporting that the Annual Report Form was returned to your organization, and Farmagen, Inc. not having access for filing the Annual Report timely.

Please furnish this office a Certificate of Reinstatement and Statement that the Farmagen, Inc. has been reinstated and is current and active with the Division of Corporations of the State of Florida. A check in the amount of \$8.75 is also enclosed.

Thank you for your assistance and cooperation with the foregoing.

Sincerely,

Stephanie Rogers,  
Agent for Farmagen, Inc.

SR:dsg

Enclosures

cc: Farmagen, Inc.

**Corporate Office**

7850 N.W. 146 Street  
Suite 418  
Miami Lakes, FL 33016  
Tel: 305-556-1455  
Fax: 305-556-5052

**Venezuela**

Av. Francisco e Miranda  
Torre Provincial B, Piso 11  
Chacao, Caracas, Venezuela  
Tel: 264-64-66/264-45-55  
Fax: 263-11-76

**Colombia**

Av. 15 No. 12049  
Ofc. 303-415-416  
Bogota, D.C. Colombia S.A.  
Tel: 571-215-2265  
Fax: 571-215-2225

**France**

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69150 Decines  
Lyon, France  
e-mail: [ohintl@aol.com](mailto:ohintl@aol.com)