

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

FILED

02 OCT 29 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000022033

1. Corporation Name

CONSUMER HEALTH CARE MEDICAL INC.

Principal Place of Business

2303 HOLLYWOOD BLVD.
HOLLYWOOD L 33020

Mailing Address

2303 HOLLYWOOD BLVD.
HOLLYWOOD L 33020

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2001

5. FEI Number

22-3788317

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PILYAVSKY, VITALY	2303 HOLLYWOOD BLVD.	HOLLYWOOD L 33020
			800008680028 10/29/02--01130--011 **150.00

8. Name and Address of Current Registered Agent

KATSMAN, MARK ESQ
1111 KANE CONOURSE, SUITE 607
BAY HARBOR ISLANDS FL 33154

9. Name and Address of New Registered Agent

Name Steven L. Lybell, ESQ Lybell & Rosen
Street Address (P.O. Box Number is Not Acceptable) 18250 NW 2nd Ave.
Suite, Apt. #, Etc. FLOOR 2
City MIAMI State FL Zip Code 33169

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/02

CR2E040 (8/02)

10/24/02
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To whom it may concern:

I Vitaly Pilyavsky ~~is~~ am the Director of
Consumer Healthcare. I never received any (UBR)
Notices prior to this one. There has been
problems with the Mail in the Building that I
lease. So there will be no future confusion,
I ~~opened~~ opened up a PO Box a few
months ago. Please send my New info
To my Box:

PO BOX 222314

Hollywood, FL 33022

Sorry for the inconvenience.

Enclosed is check
for \$150.00

Thank you.

