

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000075416

1. Entity Name
SAFETY BIOMEDICAL OF SOUTH FLORIDA, INC.



2008 OCT 16 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4410-24



REINSTATEMENT 08

Principal Place of Business

6013 SW 160 AVE
MIAMI, FL 33193

Mailing Address

P.O. BOX 960745
MIAMI, FL 33296

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1132600

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOEL DE BRITO
6013 SW 160 AVE.
MIAMI, FL 33193

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DE BRITO, NOEL
STREET ADDRESS P.O. BOX 960745
CITY-ST-ZIP MIAMI, FL 33296

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000136980480
CITY-ST-ZIP 10/16/08--01032--018 **750.00

TITLE D ☐ Delete
NAME DE BRITO, MARI BANEX
STREET ADDRESS P.O. BOX 960745
CITY-ST-ZIP MIAMI, FL 33296

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Noel De Brito

NOEL DE BRITO (President)

10-10-08

305-318-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #