

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000110175*

1. Corporation Name

*PARMACAB, INC.*

2. Principal Office Address

*4215 CHERRYWOOD CT*

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

*WESTON, FL*

City & State

Zip

*33331*

Country

*USA*

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*11-16-2001*

5. FEI Number

*65-1152934*

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

*MARIA AFANADOR*

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

*4215 CHERRYWOOD COURT*

Suite, Apt. #, Etc.

*600008667016*

*10/29/02-01072-010 \*\*150.75*

City

*WESTON, FL*

State  
*FL*

Zip Code

*33331*

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

*Maria Afanador*

*AGENT*

Date

*9-25-02*

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

*P.V.D*

*MARIA AFANADOR*

*4215 CHERRYWOOD CT.*

*WESTON, FL 33331*

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:

*Maria Afanador*

*PRESIDENT*

*9-25-02*

Date

*(934) 217-2431*

Daytime Phone #

CR2E081 (9/00)

**PARMACAB, INC**  
4215 CHERRYWOOD COURT  
WESTON, FL 33331  
954-2172431

October 20, 2002

**Florida Departament of State**  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

**Re: Letter #: 702A00055424**

Dear Sirs:

Due to non-receipt of the original uniform business report (UBR) by our office  
Prior to May 1, 2002, such report was not filled on a timely manner.  
Please accept our apologies and accept payment of \$158.75 for the renewal of  
Parmacab, Inc. for 2002.

Thanking you in advance for your attention to this matter.

Sincerely

  
**Maria Afanador**  
President