

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

MORHAIM PHARMALAB, INC.

2. Principal Office Address

7335 N.W. 56 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166-4203

Country

USA

3. Mailing Office Address

7335 N.W. 56 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166-4203

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/04/2002

5. FEI Number

01-0621560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 OCT 21 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100023960091
10/21/03--01018--008 **150.00

7. Name and Address of Current Registered Agent

Name WILSCE SANTIAGO DE QUIROZ

Street Address (P.O. Box Number is Not Acceptable) 7891 WEST FLAGLER STREET

Suite, Apt. #, Etc. APT. 575

City MIAMI

State
FL

Zip Code
33144

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**

Wilsce Santiago de Quiroz
REGISTERED AGENT MUST SIGN

Date 10/17/03

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	DE QUIROZ, WILSCE SANTIAGO	7335 N.W. 56 STREET	MIAMI, FL 33166-4203

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:

Wilsce Santiago de Quiroz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/17/03

305-885-2633

Date

Daytime Phone #

CR2ED01 (10/02)



Miami, October 17, 2003

Florida Department of State
Division of Corporations
Tallahassee, FL

Ref: Reinstatement Form

Document Number: P02000023587

To Whom It May Concern:

Hereby, we would like to inform you that our company has not received the 2003 Uniform Business Report so we can file before May or September.

We did not receive any notification of dissolution from the Florida Department of State and we believe there is something not correct since we receive correspondence in both addresses:

7891 West Flagler Street #575, Miami – FL 33144
7335 NW 56 Street, Miami – FL 33166

Enclosed, you will find the Reinstatement Form and a Check in the amount of U\$ 150.00 as per instructions given by a representative from the Division of Corporations.

We hope this can be solved as you possibly can since we are still doing business and our intentions were to continue working so far.

If you have any question, please feel free to contact us. We'll be glad to cooperate with you.

Thanking you in advance for your prompt attention and kind assistance.

Best regards,

Wilsce Santiago de Quiroz
Wilsce Santiago de Quiroz
President