

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P02000046790**

**1. Corporation Name**

PROMED ENTERPRISES CORP.

**2. Principal Office Address**

1555 NW 190th Avenue

Suite, Apt. #, etc.

Suite 106

City & State

Pembroke Pines, FL

Zip

33025

Country

USA

**3. Mailing Office Address**

55420 Lyons Road Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Coconut Creek, FL

Zip

33073

Country

USA

**REINSTATEMENT**

**4. Date Incorporated or Qualified**

To Do Business in Florida 04/29/2002

**5. FEI Number**

☒ 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

Isabel Cristina Lozano

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

1555 NW 190th Avenue

Suite, Apt. #, Etc.

Suite 106

City

Pembroke Pines

State

FL

Zip Code

33025

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3/10/04

**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/D	Herbert A. Ferrari	5420 Lyons Rd., Suite 105	Coconut Creek, FL 33073
S	Isabel Cristina Lozano	1555 NW 190th Ave., Suite 106	Pembroke Pines, FL 33025

**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:**

*Herbert A. Ferrari, President*  
*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

(314) 922-6613

Daytime Phone #

CR2E061 (01/04)

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*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

3/10/04

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**SIGNATURE:**

*Herbert A. Ferrari, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

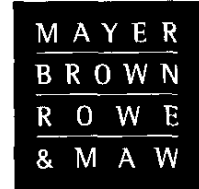
Date

3/10/04

Daytime Phone #

(314) 922-6613

CR02081 (01/04)



March 17, 2004

**BY OVERNIGHT DELIVERY**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: PROMED ENTERPRISES CORP.

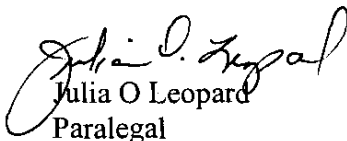
Dear Sir or Madam:

Enclosed please find an original and one copy of the Corporation Reinstatement and a filing fee of \$308.75 regarding PROMED ENTERPRISES CORP. Please file the original Reinstatement with your office and return a stamped, filed copy to me along with the Certificate of Status.

The filing fee of \$300.00 was confirmed with your office as PROMED ENTERPRISES CORP. did not receive the annual report notice.

If you have any questions, please contact me.

Sincerely,

  
Julia O Leopard  
Paralegal

Enclosures

Mayer, Brown, Rowe & Maw LLP  
214 North Tryon Street  
Suite 3800  
Charlotte, North Carolina 28202-2137

Main Tel (704) 444-3500  
Main Fax (704) 377-2033  
[www.mayerbrownrowe.com](http://www.mayerbrownrowe.com)

**Julia O Leopard**  
Direct Tel (704) 444-3523  
Direct Fax (704) 377-2033  
[jleopard@mayerbrownrowe.com](mailto:jleopard@mayerbrownrowe.com)