

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 PM 1:00

DOCUMENT # P02000048296

1. Corporation Name

TECHMED PRODUCTS, INC.

400025423024
12/11/03--01040--017 **758.75

2. Principal Office Address

8754 SW 8th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

3. Mailing Office Address

8754 SW 8th STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33174

Country

USA

REINSTATEMENT 03

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

5/2/2002

5. FEI Number

02-0598155

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

CARMENATE, JORGE A

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

8754 SW 8th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

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

Shirley Charafardin

REGISTERED AGENT MUST SIGN

Date

12/01/03

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
D / P	CARMENATE, JORGE A	634 WEST 31st STREET	MIAMI, FL 33012
D / S / T	CHARAFARDIN, SHIRLEY	634 WEST 31st STREET	MIAMI, FL 33012

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:

Shirley Charafardin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/01/03

Daytime Phone #

CR2E081 (10/02)