

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000049371

1. Corporation Name

SERVE-MED TECH, INC.

2. Principal Office Address - No P.O. Box #

4668 NW 69 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

6141 NW 115TH PLACE

Suite, Apt. #, etc.

356

City & State

MIAMI, FL

Zip

33178

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

54-2080332

☐ 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

LARA, EDUARDO

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

6141 NW 115TH PLACE

Suite, Apt. #, Etc.

356

City

MIAMI

State

FL

Zip Code

33178

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
PD	LARA, EDUARDO	6141 NW 115TH PLACE, #356	MIAMI, FL 33178

10. E-mail Address: ELARA555@HOTMAIL.COM

(To be used for future annual report notification)

11. 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, I further certify 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

EDUARDO LARA

12/28/09

305-710-6304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 DEC 31 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/31/09--01054--008 \*\*150.00

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