

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 28 PM 3:37

DOCUMENT # P0200055576

1. Corporation Name

AEMED INC

REINSTATEMENT 2011

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

1440 Coral Ridge Dr.

3. Mailing Office Address

1440 Coral Ridge Dr.

Suite, Apt. #, etc

No. 600

Suite, Apt. #, etc

No. 600

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

05/20/2002

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

Raul R. Delgado de Armas, Esquire

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

4000 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

Suite 470

City

CORAL GABLES

State

FL

Zip Code

33146

700213769457
10/28/11--01030--004 **750.00

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

Date October 20th, 2011

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
PD	Donald Ewing	39 East Beach Road	Tavernier, FL 33070

2010/28

10. E-mail Address: RDELGADO@RDALAW.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Raul Delgado de Armas, Esq. General Counsel for Corp.

October 20th, 2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #