

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000117463**

1. Corporation Name

REPROMED CORP.

Principal Place of Business

3585
3285 MYSTIC POINTE DR., STE. A
AVENTURA FL 33180

Mailing Address

3585
3285 MYSTIC POINTE DR., STE. A
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3585 Mystic Pointe Dr.
Suite, Apt. #, etc.

Suite - A

City & State
Aventura

Zip
FL 33180

Country
USA

3. New Mailing Office Address, If Applicable

3585 Mystic Pointe Dr
Suite, Apt. #, etc.

Suite A

City & State
Aventura - FL

Zip
33180

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2002

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HIRALDO, MANUEL R	2540 N.E. 208 TERR.	MIAMI FL 33180
D	ROZENMAN, JORGE H	19521 N.E. 19TH AVE.	N. MIAMI BEACH FL 33179

REINSTATEMENT

8. Name and Address of Current Registered Agent

HIRALDO, MANUEL R
2540 N.E. 208 TERR.
MIAMI FL 33180

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **Oct 08-03**

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 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:

[Signature] **Manuel Hiraldo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct/08/03 - 305-792-2720

CR2E040 (7/03)

20f2

ReproMed

Miami, October 8th, 2003.-

3585 MYSTIC POINTE
DRIVE
SUITE A
AVENTURA
FLORIDA 33180

TEL: 305 655 0608

FAX: 305 655 0908

E-MAIL:

REPROMED@BELL SOUTH.NET

Department of State
State of Florida

To whom it may concern:

Today we received by mail. a document saying that our company was dissolved by lack of payment of its renovation.

We never received the letter for renovation. One possible reason can be that the address is not correct. Instead of 3585 Mystic Pointe Dr., it was addressed to 3285 Mystic Pointe Dr. We started our company on November, last year.

After explaining by phone to one of your officer, she told me to send this letter and a check on the amount of \$150.

Cordially,



Manuel Hiraldo
ReproMed Corp.

Colenta®

MEDIPHOT