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Principal Place 922 922 LUC ORLANDO, FL	ERNE TERR	Mailing Address 922 922 LUCERNE TERR ORLANDO, FL 32806		A	R	- SECRE TALLAI		. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal P	ace of Business	3. Mailing Address							
Suite, Apt.	BOX 25952	Suite, Apt. #, etc.	FROVT- (- + 44 - 1	7:4-1112/2	STATE	MEN	F 04	-05.
	oluly HI	City & State ORLANDO Zip Co	FL	4.	75 PEI Num	00655		No	plied For L'Applicable
^{Zip} 968	2.5 Country 2.5 U.S.A. 6. Name and Address of Current F	32809 1	USA_			le of Status Desired	.ı 🗀	\$8.75 Add Fee Required	
	G. Name and Address of Current P	registered Agent	Name	1.	(taile a	Id Address or Itel	r negistered r	-gent	_
	'A RRY GROVE CIR), FL 32809		Street Address (P.O. Box Number is Not Acceptable)						
	,				10/04	M0501010	011 *	**900.00	1
			City				FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office or	registered a	igent, or t	ooth, in the State of	Florida. I am	tamiliar with,	and accept
ine bongar	1. 117	ELIZA MI	Q_{Ω}				9/8	100	-
SIGNATURE.	Alignature Aligno or printed name of registereo agent a		istered Agent signs	Iture required w	nen reinstati	ng}	9/8 DATE	<u> </u>	
Fti	_E NOW!!! FEE IS \$150.00					In accordance	e with s. 607		F.S. the
l	nuary 1, 2006, Fee will be \$300.0	o					did not receive		
10.	OFFICERS AND	DIRECTORS	11.		NOITION	S/CHANGES TO C	OFFICERS AND	DIRECTORS	S IN ::
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CITY-ST-ZIP		<u></u>	CITY - ST - ZIP	1700	0141	LOIKI W HI	9682	5	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

2005-FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P02000133748  1. Entity Name AMERICA BIO-CHEM MEDICINE RESEARCH CENTER, INC.									
Principal Place	e of Business	Mailing Address							
922 922 LUC Orlando, Fi	CERNE TERR	922 922 LUCERNE TERR ORLANDO, FL 32806			\$ ( <b>133</b> () <b>35</b> ( ())	ODIJO AIRŲ DDIRI DDI		<b>an</b> siri i <b>ra</b> vi <b>atac</b> i i	B)1881       1885
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	Box 25952	Suite, Apt. #, etc. 6466 CHERRY City & State	GROVE (	CIR.	09082005 4. FEI Numbe	REIN-P	CF	12E098 (6/04)	pplied For
4-1040	1 1 1 .	ORLANDO	FL		03-0500		131.11	<u> </u>	ot Applicable
2ip 968		Zip 32809	Country			of Status Desire		\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of Ne	w Register	ed Agent	· · · · · · · · · · · · · · · · · · ·
MAO, ELIZ			Street A	ddress (F	P.O. Box Numbe	r is Not Accept	tab <del>le</del> )	-	-
	RRY GROVE CIR ), FL 32809								
								- 1 <del>-</del> 0	
			City					Zip Cod	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registere	ed agent, or both	h, in the State c	of Florida. 1	am familiar with	, and accept
SIGNATURE_	Ston Mas	EL12A	MAN				9/8	3-105	_
	Signature, threat or evinted same of registered agent of		Pagistared Agent sign:	atura cacuiro	ed when reinstation)		/ DA1	<del>-                                    </del>	
	Signature, typed or of inted pame of registered agent as		Registered Agent signs	sture require	ed when reinstating)		( DAI	re (	· · ·
FIL	Signature. 1796d or printed yarre of registered agent at E NOWIII FEE IS \$150.00 mary 1, 2008, Fee will be \$300.00	nd title if applicable. (NOTE: F	tegistered Agent sign	sture require	ed when reinstating)	In accordan	ce with s. 6	607.193(2)(b), eive the prior	, F.S., the
FIL	LE NOW!!! FEE IS \$150.00 huary 1, 2006, Fee will be \$300.00 OFFICERS AND E	nd title il applicable. (NOTE: f	tegistered Agent signi	sture require	ADDITIONS/	corporation	ce with s. 6	607.193(2)(b),	, F.S., the notice.
FIL After Jan  10. HILE	E NOWIII FEE IS \$150.00 Auary 1, 2006, Fee will be \$300.00  OFFICERS AND I	nd title il applicable. (NOTE: f	11.		ADDITIONS/	corporation CHANGES TO	ce with s. 6	607.193(2)(b), eive the prior	, F.S., the notice.
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SIGNATURE: 2/120 Mao

9/8/05 407 438 2510