


2004 FOR PROFIT CORPORATION REINSTATEMENT

ÜNYEÓÜÒÌ ý P03000043960 1. Entity Name AMERIMEDZ INCORPORATED	
--	---

FILED
04 NOV 16 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

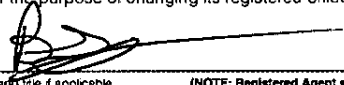


Principal Place of Business 10641 SW 37TH PLACE DAVIE, FL 33328	Mailing Address 10641 SW 37TH PLACE DAVIE, FL 33328
---	---

2. Principal Place of Business 102 NE 2nd Ave	3. Mailing Address Suite, Apt. #, etc.
City & State Hallendale Beach	City & State
Zip 33009	Country Broward

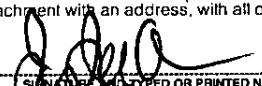
11022004	1 0 0 0	Y 1 0 0 0 0 0 0 0 0
4. FEI Number 448 650807784	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75	U.S. \$ 8.75

6. Name and Address of Current Registered Agent IVORY, CHRISTEN 10641 SW 37TH PLACE DAVIE, FL 33328	7. Name and Address of New Registered Agent Name Bruce J Kadd Street Address (P.O. Box Number is Not Acceptable) 785 Bacom Point Rd City Pahokee FL Zip Code 33476
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Ivory Joe Christen</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10641 SW 37th Place</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Davie FL 33328</td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Ivory Joe Christen	STREET ADDRESS	10641 SW 37th Place	CITY-ST-ZIP	Davie FL 33328
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																
NAME	Ivory Joe Christen																
STREET ADDRESS	10641 SW 37th Place																
CITY-ST-ZIP	Davie FL 33328																
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table border="1"> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																
NAME																	
STREET ADDRESS																	
CITY-ST-ZIP																	

12. I hereby certify that the information supplied with this filing 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #