

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000144787

1. Corporation Name

Learnemed, Inc.

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

3070 S. W. 192nd. Ave.

Suite, Apt. #, etc.

n/a

City & State

Miramar Florida

Zip

33029

Country

USA

3. Mailing Office Address

3070 S.W. 192nd. Ave.

Suite, Apt. #, etc.

n/a

City & State

Miramar Florida

Zip

33029

Country

USA

REINSTATEMENT 08-10

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 12/01/2003

5. FEI Number
06-1716208

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

Rosa D. Ruiz

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

3070 S.W. 192nd. Ave.

Suite, Apt. #, Etc.

n/a

City:

Miramar

State

FL

Zip Code

33029

☒ 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

Rosa D. Ruiz

Date 04/14/2010

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
P/C/T	Jorge G. Ruiz	3070 S.W. 192nd. Ave	Miramar FL 33029
V/S	Rosa D. Ruiz	3070 S.W. 192nd. Ave	Miramar FL 33029

000178885420
04/20/10--01049--011 ++450.00

04/21

10. E-mail Address: jorgegruiz@gmail.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14,2010 9544420773

Date

Daytime Phone #