

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 29 PM 2:32

DOCUMENT # P04000018375

1. Corporation Name

VIMEDI PRODUCTS, INC.

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

8770 Sunset DR.

Suite, Apt. #, etc.

Suite 195

City & State

Miami, Florida

Zip

33173

Country

US

3. Mailing Office Address

8770 Sunset DR.

Suite, Apt. #, etc.

Suite 195

City & State

Miami, FL

Zip

33173

Country

US

(12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2004

5. FEI Number

26-190277 7

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

Juan Carlos Guerrero

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

8770 Sunset DR.

Suite, Apt. #, Etc.

195

City

Miami

State

FL

Zip Code

33173

☒ 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

Juan Carlos Guerrero
REGISTERED AGENT MUST SIGN

Date 02/12/2008

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	Juan C. Guerrero	8770 Sunset DR. Suite 195	Miami, FL 33173

10. 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 contained in Chapter 119, 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

Juan Carlos Guerrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2008 786-344-2645

Date

Daytime Phone #