

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P930000 70766

1. Corporation Name

PRO-MED ASSETS CORP

Principal Place of Business

Mailing Address

20101 NE 16TH PLACE
SUITE 200
MIAMI, FL 33179

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

2. New Principal Office Address, If Applicable
20101 NE 16TH PLACE

3. New Mailing Office Address, If Applicable
20101 NE 16TH PLACE

4. Date Incorporated or Qualified
To Do Business in Florida

October 20, 1993

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

5. FEI Number

65-0449975

Applied For

Not Applicable

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33179

Country
USA

Zip
33179

Country
USA

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Anthony Mancini	20101 NE 16th Place Suite #200	Miami, FL 33179
			400002776114-3 -02/15/99-01133-034 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Anthony Mancini
20101 NE 16th Place
Suite #200
Miami, FL 33179

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.

Signature of
Registered Agent

Anthony Mancini

REGISTERED AGENT MUST SIGN

Date

2/4/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Anthony Mancini

Anthony Mancini

2/4/99 (305) 770-2616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #