

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY -8 AM 11:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P94000012012*

1. Corporation Name

Lifemed Distributors Corp.

Principal Place of Business

Mailing Address

*175 Fontainebleau Blvd., Suite 2G11
 Miami, FL. 33172*

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

*95-98
 OW*

4. Date Incorporated or Qualified To Do Business in Florida

2/14/94

5. FEI Number

65-0466745

Applied For

Not Applicable

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
<i>Pres.</i>	<i>Roberto Pando</i>	<i>13271 N.W. 8 St.</i>	<i>Miami, FL. 33182</i>

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 ***1200.00 ***1200.00*

8. Name and Address of Current Registered Agent

Roberto Pando

9. Name and Address of New Registered Agent

Name *Roberto Pando*

Street Address (P.O. Box Number is Not Acceptable)
13271 N.W. 8 St.

Suite, Apt. #, Etc.

City *Miami*

State **FL**

Zip Code *33182*

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

Roberto Pando

REGISTERED AGENT MUST SIGN

Date

5/4/98

11. This corporation owes or has paid 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:

Roberto Pando

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (1/96)