


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 01 OCT 11 PM 1:51  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # P94000012012  
 1. Corporation Name  
Lifemed Distributors Corp.

2. Principal Office Address <u>13335 SW 42ST</u>		3. Mailing Office Address <u>13335 SW 42ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>		City & State <u>MIAMI, FL</u>	
Zip <u>33175</u>	Country <u>USA</u>	Zip <u>33175</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida

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. Name and Address of Current Registered Agent

Name Roberto Pando 000004642040 --2

Street Address (P.O. Box Number is Not Acceptable)  
13271 N.W. 8 Street 10/18/01 01067 008

Suite, Apt. #, Etc.

City MIAMI, State FL Zip Code 33182

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 Roberto Pando Date 10-10-01

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
<u>PRSD</u>	<u>Roberto Pando</u>	<u>13271 N.W. 8st</u>	<u>MIAMI, FL 33182</u>

**REINSTATEMENT 2000-01**

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 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 Date 10-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #