

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
00 DEC -4 PM 10: 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000039414**

1. Corporation Name
LYVEMED CORPORATION

Principal Place of Business 777 E 25 ST HIALEAH FL 33013	Mailing Address 777 E 25 ST HIALEAH FL 33013
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT

4. Date Incorporated or To Do Business in Florida **05/25/1994**

5. FEI Number **65-0496616** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

2. New Principal Office Address, If Applicable 2601 SW 37 AVE STE 502 MIAMI, FL 33133	3. New Mailing Office Address, If Applicable 2601 SW 37 AVE STE 502 MIAMI, FL 33133
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LLANES, JESUS M JR	12000 SW 87 AVE 158 SANS SOUCI DR.	MIAMI FL 33176 CORAL GABLES, FL 33133

8. Name and Address of Current Registered Agent LLANES, JESUS M JR 12000 SW 87 AVE MIAMI FL 33176	9. Name and Address of New Registered Agent Name LLANES, JESUS M JR. Street Address (P.O. Box Number is Not Acceptable) 158 SANS SOUCI DR. Suite, Apt. #, Etc. City CORAL GABLES State FL Zip Code 33133
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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 **SIGNATURE REQUIRED** Date **11/22/00**

REGISTERED AGENT MUST SIGN

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 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: **SIGNATURE REQUIRED** Date **11/22/00** Daytime Phone # **305-441-9892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KE

CR2E040 (8/00)