

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051065

1. Corporation Name

TECMED EXPORT INTERNATIONAL, INC.

Principal Place of Business

9830 SW 117TH PL
MIAMI FL 33186

Mailing Address

9830 SW 117TH PL
MIAMI FL 33186

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 03

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1994

5. FEI Number

65-0501858

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 3	City / State / Zip 4
P	PRUSS, NORA M	9836 SW 117TH PL	MIAMI FL 33186
V	PRUSS, EDGAR G	9836 SW 117TH PLACE	MIAMI FL 33186
D	DEL CORRAL, JORGE	16940 SW 92ND AVE	MIAMI FL 33176

300024164413
10/27/03--01049--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PRUSS, EDGAR G
9836 SW 117TH PL
MIAMI FL 33186

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. or 617.0505, F.S.

Signature of
Registered Agent

Date 23 October, 2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

23 October, 2003 305.770.0160



TECMED EXPORT INTERNATIONAL, INC.

9836 S. W. 117TH PL., MIAMI, FL 33188-2757- * TELEPHONE (305) 270.0605 * FAX (305) 270.9593 *
E-MAIL TECMED@BELL SOUTH.NET

Miami, 23 October 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL: 32314

Ref: Tecmed Export International, Inc.
FEI Number 65-0501858
Doc.No. P94000051065

Dear Sirs:

We have just received a Certificate of Administrative Dissolution or Revocation, of our corporate filing with your office.

Unfortunately, according to our records, our office never received the Notices, which were to have been sent sometime in June, to file a 3003 corporate report.

Our company's business, geared to export of medical equipment, has come to a practical stand still; nevertheless we are enclosing our check for \$150.00, to complete the filing and reinstate the corporation under Florida law.

Your assistance is greatly appreciated.

Edgar G. Prüss, Director

EGP/wtf

Cc:

Encl: Check No. 6950 - \$150.00 X