

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #P94000068010

1. Corporation Name

E.M.D. VERO CORP.

Principal Place of Business

Mailing Address

6851 S.W. 21st Court
Bay #4
Davie, FL 33317

Same

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

2. New Principal Office Address, If Applicable

7890 Peters Road

Suite, Apt. #, etc.

Suite G-105

City & State

Plantation, FL

Zip

33324

Country

USA

3. New Mailing Office Address, If Applicable

7890 Peters Road

Suite, Apt. #, etc.

Suite G-105

City & State

Plantation, FL

Zip

33324

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/94

5. FEI Number

65-0534398

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	S. Martin Sadkin	7890 Peters Road, Ste. G-105	Plantation, FL 33324

000002536360--4

8. Name and Address of Current Registered Agent

Robert Lee Shapiro
1645 Palm Beach Lakes Boulevard
Suite 600
West Palm Beach, FL 33401

9. Name and Address of New Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Laura R. Dunlap

Laura R. Dunlap

REGISTERED AGENT MUST SIGN

Date July 23, 1998

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/98
Date

(954) 370-7788
Daytime Phone #

CR2E040 (1/98)



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ACCOUNT NO. : 072100000032

REFERENCE : 901887 12000A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 900.00

ORDER DATE : July 23, 1998

ORDER TIME : 10:36 AM

ORDER NO. : 901887-005

CUSTOMER NO: 12000A

CUSTOMER: Renee Ann Winslow, Legal Asst
Shapiro & Adams, P.a.
Suite 272
2401 Pga Boulevard
Palm Beach Gard, FL 33410

DOMESTIC FILINGS

NAME: E.M.D. VERO CORP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith
EXAMINER'S INITIALS _____

2000 JUL 23 AM 11:23
DIVISION OF REGISTRATION