

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000024524

1. Corporation Name

LABORATORIOS CHALVER, U.S.A., INC.

2. Principal Office Address - No P.O. Box #

3982 POINCIANA CLOSED RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33133

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

AG CORPORATE SERVICES, LLC

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

5805 BLUE LAGOON DRIVE

Suite, Apt. #, Etc.

STE 200

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am willing with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03-07-2007

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
PD	ALEJANDRO VALBUENA	3982 POINCIANA CLOSED RD	MIAMI, FL 33133

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 contained in Chapter 119, 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

March 7/07

Daytime Phone #

305-448-3898

FILED

07 MAR 12 AM 11:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800093247348
03/16/07--01009--011 **450.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1995

5. FEI Number

65-0594874

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

LABORATORIOS CHALVER, U.S.A., INC.

3982 POINCIANA CLOSED RD.
MIAMI, FL 33133

March 9, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

RE: EIN 65-0594874

Document Number P95000024524

Dear Sirs:

Please be advised that we did not receive the annual report notices.

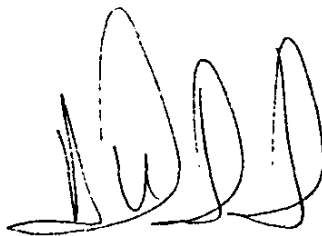
We respectfully request an abatement of penalty fee for reinstatement.

We send you today a check for \$~~4~~50.00 for 2005, 2006, 2007 annual report fee and form corporation reinstatement.

Thank you very much for your cooperation and assistance on this matter.

Very truly yours,

Sincerely,



LABORATORIOS CHALVER, U.S.A., INC.

c.c. file