APPLICATION FOR REINSTATEMENT 96-98 AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
98 FEB 19 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96000070973

ALPHA MEDIC PRODUCTS, INC.

17001 NE 20TH AVE
N M BEACH FL 33162

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida	4. FEI Number	FEI Number Applied For	5. $8.75 Additional Fee required for a Certificate of Status
1995	65-0613635	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PSD	ALFREDO CASTILLO	17001 NE 20TH AVE	
		NM BEACH FL 33162	
			500002436725--7 -02/20/98--01098--006
			****515.00 ****515.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

ALFREDO CASTILLO
17001 NE 20TH AVE
N M BEACH FL 33162

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State FL. Zip

CR2E040 (8/92)

9. 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 X _____ Date _____
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director X _____ Date 2-14-97 Daytime Phone # _____

Typed or printed name of signing officer or director ALFREDO CASTILLO

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Alpha Medic
17001 NE 20th Avenue # 1
North Miami Beach, Fl 33162
(800)397-3603

Alfredo Castillo
2021 NE 171st Street
North Miami Beach, Fl. 33162

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Gentlemen/Ladies,

In a telephone conversation last week your office informed me that my check # 1040, dated 8/17/97 for $ 375.00 had been returned because it was not accompanied by the application for reinstatement or a business report. I wanted to let you know that I never received the check or the letter because according to your records it was sent to: 17000 NE 20th Ave, North Miami Beach, Fl. 33162. The correct address is: 17001 NE 20th Ave. # 1, North Miami Beach, Fl. 33162.

I am sending the application for reinstatement with a check for $ 515.00. Please let me know if you need any more additional information.

Sincerely yours,

Alfredo Castillo

2-16-98