APPLICATION FOR REINSTATEMENT 99 AR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -9 PM 1:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000070973

ALPHA MEDIC PRODUCTS INC.
2021 N.E 171th St.
North Miami Beach Fla 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
65-0613635

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Additional Charge for a Certified Copy
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
P,S,T	ALFREDO CASTILLO	2021 N.E 171th St.	N.M.B Fla 33162

T00003050547--6
-11/22/99--01018--012
****150.00 ****150.00

11/16

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

Name: ALFREDO CASTILLO
Street Address (Do NOT Use P.O. Box Number)
Street Address (Do NOT Use P.O. Box Number): 2021 N.E 171th St.
City and State: N.M.B FL. Zip: 33162

CR2E040 (9/97)

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 Alfredo Castillo (REGISTERED AGENT MUST SIGN) Date: 10/31/99

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 Alfredo Castillo Date: 10/31/99 Daytime Phone #:

Typed or printed name of signing officer or director

10/31/99

To: DEPARTMENT of STATE

Subject: ALPHA MEDIC PRODUCTS INC.
1999 ANNUAL REPORT

IN VESPONSE to OUR PHONE CONVERSATION ON 10/28/99, ENCLOSED please find an application FOR RE-INSTATEMENT of the CORPORATION Alpha MEDIC PRODUCTS INC. WITH the ORIGINAL fee of $150.00 due I NEVER received the first OR SECOND NOTICES of the ANNUAL REPORT.

SINCERELY YOURS

ALPHA MEDIC PRODUCTS INC.
ALFREDO CASTILLO PRESIDENT