PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

2001 UBP

FILED
01 DEC 31 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070973

1. Corporation Name
ALPHA MEDIC PRODUCTS INC.

2. Principal Office Address	3. Mailing Office Address
3899 N.W 7th St.	
Suite, Apt. #, etc.: #203	Suite, Apt. #, etc.
City & State: Miami Fla.	City & State
Zip: 33126 Country: U.S.A	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0613635 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ALFREDO CASTILLO

800004765658--4
-01/10/02--01034--008
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 3899 N.W 7th St

Suite, Apt. #, Etc.: #203

City: MIAMI State: FL Zip Code: 33126

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

Signature of Registered Agent: Alfredo Castillo Date: 12/19/01
REGISTERED AGENT MUST SIGN

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
P/S/T	ALFREDO CASTILLO	3899 N.W 7th St #203	MIAMI-FLA 33126

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 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: Alfredo Castillo 12/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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12/19/01

To Department of State

Subject: Alpha Medic Products Inc.
Annual Report - 2001

In conversation with your department that we never received the first or second version of the annual report and I find out that my corporation was dissolved. As you told me please enclose find a copy of a reinstatement form with the original fee of $150.00 as discussed.

We are sorry for any inconvenience we could have caused.

Sincerely yours

Alfredo Castillo