

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

Division of Corporations

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

3899 N.W. 7th St.

3. Mailing Office Address

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

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

3899 N.W. 7th St

01/10/02-01081-008

*****150.00 ***150.00**

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 807.0505 or 817.0503, 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
BSJ	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 807 or 817, 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 807.0401 or 817.0401, 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: **X**

Alfredo Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/19/01

Date

Daytime Phone #

202

12/19/01

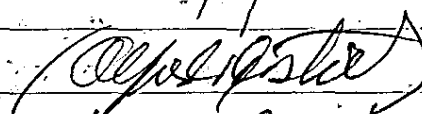
TO DEPARTMENT OF STATE

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 \$150⁰⁰ as discussed.

We are sorry for any inconvenience we could have caused.

Sincerely yours


ALFREDO CASTILLO