

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 MAY 12 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070973

1. Corporation Name

ALPHA MEDIC PRODUCTS INC.

Principal Place of Business

Mailing Address

20030 N.E. 21<sup>ST</sup> DR

20030 N.E. 21<sup>ST</sup> DR

NORTH MIAMI BEACH

N.M.B FL

33179

FLA 33179

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

20030 N.E. 21<sup>ST</sup> DR

City & State

N.M.B FL

Zip

33179

Country

Suite, Apt. #, etc.

20030 N.E. 21<sup>ST</sup> DR

City & State

N.M.B FL

Zip

33179

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/14/1995

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	CASTILLO, ALFREDO	3899 N.W. 7TH STREET, #203	MIAMI FL 33126

200019847622  
05/23/03--01060--010 \*\*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTILLO, ALFREDO  
3899 N.W. 7TH STREET  
#203  
MIAMI FL 33126

Name

ALFREDO CASTILLO

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

Suite, Apt. #, Etc.

20030 N.E. 21<sup>ST</sup> DR

City

N.M.B

State

FL

Zip Code

33179

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

04/29/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/03

CR2E040 (8/02)