

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:37

DOCUMENT # P96000019709

1. Corporation Name

PHARMED SERVICES CORP.

Principal Place of Business

Mailing Address

3075 N.W. 107TH AVENUE
MIAMI FL 33172

3075 N.W. 107TH AVENUE
MIAMI FL 33172

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/04/1996

5. FEI Number

65-0655497

SP 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CFO	PEREZ, BERTIN J	3075 NW 107 AVE.	MIAMI FL 33172
VD	DE CESPEDES, CARLOS M	3075 NW 107 AVE.	MIAMI FL 33172
VDT	BALDWIN, WILLIAM A	3075 NW 107 AVE.	MIAMI FL 33172
VDS	SANCHEZ, CHARLES	3075 NW 107 AVE.	MIAMI FL 33172
VDT	GARCIA, LEO	3075 NW 107 AVE.	MIAMI FL 33172
300004679493-6 -11/14/01--01092--011 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

SANCHEZ, CHARLES J
3075 N.W. 107TH AVENUE
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name Marisela Casanova
Street Address (P.O. Box Number is Not Acceptable)
3075 NW 107 Ave
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33172

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 305-592-2324