

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000010257

1. Corporation Name

BIOMEDTEX, INC.

2. Principal Office Address - No P.O. Box #

805 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

E-15

City & State

FT LAUDERDALE, FL

Zip

33311

Country

USA

3. Mailing Office Address

805 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

E-15

City & State

FT LAUDERDALE, FL

Zip

33311

Country

USA

FILED

09 APR 22 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900151805179
04/22/09--01025--006 **300.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 1997

5. FEI Number
65-0725217

☐ 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

MARCELLA JOSEPH

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

805 W OAKLAND PARK BLVD

Suite, Apt. #, Etc.

E-15

City

FT LAUDERDALE

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date April 17, 2009

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	MARCELLA JOSEPH	805 W OAKLAND PARK BLVD #E15	FT LAUDERDALE, FL 33311
S/T	MARC JOSEPH	805 W OAKLAND PARK BLVD #E15	FT LAUDERDALE, FL 33311

REINSTATEMENT

RH

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 contained in Chapter 119, 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

April 17, 2009 (954) 530-8066

Date

Daytime Phone #