

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083308

1. Corporation Name

JAVA MEDICAL, INC.

Principal Place of Business

19712 NW 88TH AVE
MIAMI FL 33018
US

Mailing Address

19712 NW 88TH AVE
MIAMI FL 33018
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

43-1632899

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	DECARLO, RICHARD J	19712 NW 88TH AVE	MIAMI FL 33018

000004658210--2
-10/30/01--01005--010
****150.00 ****150.00

LS

8. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

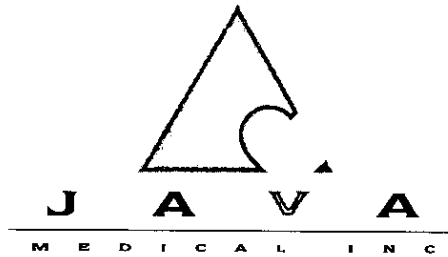
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/01 305-816-9181

CR20040 (8/01)



2012

October 12, 2001

Division of Corporations
Reinstatement Section
State of Florida
Tallahassee, Florida 32314

Dear Division of Corporations,

I am in receipt of your Reinstatement letter regarding my company Java Medical Inc.. I am writing you this letter to let your division know that an annual report letter and 150.00 check were sent to your department back in March of 2001. I have verified that my bank; First Union of Coral Springs , Florida never received the check back to be cashed. I am assuming this letter and check were either lost or not processed. I am asking the division of Corporations to refile my annual report and waive the late fees associated with this year's filing. Enclosed is another 150.00 dollar fee for the 2001 filing. I would be most appreciative in assisting me with this refiling status.

Please call me at 305 816-9181 if you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard DeCarlo', written in a cursive style.

Richard DeCarlo

President