

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY -3 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 00000 7482

1. Corporation Name

Artho-Med, Inc.

2. Principal Office Address

3201 N. FEDERAL Hwy.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Ft. LAUDERDALE, FL.

City & State

Zip

33306

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/25/99

5. FEI Number

65-0921295

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

John C. Fisher

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

3201 N. FEDERAL HIGHWAY, #202

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33306

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/27/01

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
Pres/Dir	JOHN C. FISHER	3201 N. FED. Hwy, #202	Ft. Lauderdale, FL 33306
Sec/Dir	Cesar NIEVES	3201 N. FED Hwy, #202	Ft. Lauderdale, FL 33306
Treas/Dir	Chris FISHER	3201 N. FED. Hwy, #202	Ft. Lauderdale, FL 33306

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 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

JOHN C. FISHER

Date

4/27/01

Daytime Phone #

(954) 564-4774