

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CLERK OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



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

02 MAR 22 AM 8:01

DOCUMENT # P99000061429

1. Corporation Name

FLORIDA MED DISTRIBUTORS, INC.

500005205275--5

-04/08/02--01055--018

****905.75 ****905.75

2. Principal Office Address

9328 N.W. 13 STREET

3. Mailing Office Address

8275 S.W. 4 STREET

Suite, Apt. #, etc.

SUITE 15

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI, FL

Zip

33192

Country

U.S.A.

Zip

33144

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

65-0939323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 60-07

7. Name and Address of Current Registered Agent

Name

JESUS MEDEROS

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

3380 N.W. 15 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/14/02

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
<u>PRESIDENT</u>	<u>JESUS MEDEROS</u>	<u>3380 N.W. 15 STREET</u>	<u>MIAMI, FL 33125</u>
<u>VICE PRES</u>	<u>EMMA MEDEROS</u>	<u>8275 SW. 4 STREET</u>	<u>MIAMI, FL 33125</u>
<u>VP</u>	<u>RAUL RIVERO</u>	<u>11051 N.W. 2 STREET</u>	<u>MIAMI, FL 33192</u>

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 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/02

Daytime Phone #

305-336-4129

CR2E081 (9/01)