

1. *Page 102*

FILED
02 DEC 19 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
4625 EAST BAY DR Suite, Apt. #, etc. SUITE 302		4625 EAST BAY DR Suite, Apt. #, etc. SUITE 302	
City & State CLEARWATER FL		City & State CLEARWATER FL	
Zip 33764	Country US.	Zip 33764	Country VS

4. Date Incorporated or Qualified To Do Business in Florida		07/19/1999	
5. FEI Number 59-3587193		Applied For	
		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
VJT	LEZDEY, DARREN	1409 N. FT. HARRISON, UNIT A 4625 E. BAY DR Suite 302	CLEARWATER FL 33755 33764
PS	LEZDEY, JARETT	1409 N. FT. HARRISON, UNIT A 4625 EAST BAY DR Suite 302	CLEARWATER FL 33755 33764
GF	WEBER, MICHAEL R	1409 N. FT. HARRISON, UNIT A	CLEARWATER FL 33755
			400009595654 12/13/02--01030--002 **150.00
		TS	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
WEBER, MICHAEL R	Name JARETT LEZDEY	
1409 N FT HARRISON AVE	Street Address (P.O. Box Number is Not Acceptable) 4625 EAST BAY DR	
SUITE A	Suite, Apt. #, Etc. SUITE 302	
CLEARWATER FL 33755	City CLEARWATER	State FL
		Zip Code 33764

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. or 617.0505, F.S.

Signature of
Registered Agent

Janett Lopez
 REGISTERED AGENT MUST SIGN

Date 12/17/06

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 REQUIRED
 Signature and Typed or Printed Name of Signing Officer or Director: Garrett Lezdey 12/11/02 227 539-0633
 Date: _____ Daytime Phone #: _____



ALPHAMED

Page 2 of 2
Pharmaceuticals
Corporation

4625 EAST BAY DRIVE, SUITE 302
CLEARWATER, FL 33764

727 539-0633 (tel)
727 539-7241 (fax)

www.alphamedpharm.com

October 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

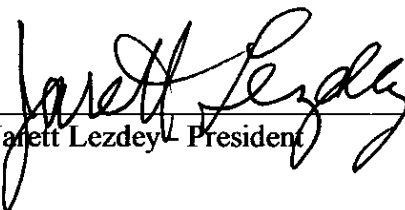
Submitted herewith are:

1. Application for reinstatement
2. A check for \$150.00

The corporation has moved to its office as of April 2002 and filed a forwarding address with the Post Office. The corporation did not receive the two prior Uniform Business Reports (UBR) although the Notice of Dissolution was received because the Post Office forwarded the mail to the new address.

A check for \$70.00 was mailed to the Department of State on September 30, 2002.

Very truly yours,


Jarrett Lezdey, President