

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -9 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000066545

1. Corporation Name

AlphaMed Pharmaceuticals

2. Principal Office Address

4625 EAST Bay Dr.

Suite, Apt. #, etc.

302 Suite

City & State

CLEARWATER, FL

Zip

33785

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 1999

5. FEI Number

59-3587193

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03.04

7. Name and Address of Current Registered Agent

Name

JARETT Lezdey

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

4625 EAST BAY DR.

Suite, Apt. #, Etc.

302 Suite

City

CLEARWATER

100037813571

06/09/04--01078--003 **15.00

03/04/04 01031 020 \$750.00

State

FL

Zip Code

33785

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

Jarett Lezdey

Date

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
Pres.	JARETT Lezdey-Dir.	4625 E. BAY DR., Ste 302 CLEARWATER, FL 33785	CLEARWATER, FL 33785
V-Pres	DARREN Lezdey-Dir.	4625 EAST Bay Dr. Suite 302	CLEARWATER, FL 33785

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:

Jarett Lezdey

JARETT Lezdey

Date

6/3/04

Daytime Phone #

727-539-0633

CR2E081 (01/04)