

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000070248

1. Corporation Name

Amer-A-Med Health Products, Inc.

W1-5522

2. Principal Office Address - No P.O. Box #

770 Horizon East

Suite, Apt. #, etc.

308

City & State

Boynton Beach, FL 33435

Zip

33435

Country

USA

3. Mailing Office Address

770 Horizon East

Suite, Apt. #, etc.

308

City & State

Boynton Beach, FL

Zip

33435

Country

USA

7. Name and Address of Current Registered Agent

Name

Joan P. Saker

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

770 Horizon East

Suite, Apt. #, Etc.

308

City

Boynton Beach

State

FL

Zip Code

33435

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

32-3676711

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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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

Joan P. Saker

REGISTERED AGENT MUST SIGN

Date 01-29-10

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
P	Joan P. Saker	770 Horizon East, #308	Boynton Beach, FL 33435

REINSTATEMENT

RH

10. E-mail Address: jesconj@aol.com

(To be used for future annual report notification)

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. I further certify 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:

Joan P. Saker

Joan P. Saker

01-29-10

Date

561-739-8624

Daytime Phone #