

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 MAR 16 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S13362

1. Corporation Name

All MEDICAL DEPOT, INC.

2. Principal Office Address

4021 S.W. 96 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

U.S.A.

3. Mailing Office Address

4021 S.W. 96 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33165

Country

U.S.A.

**REINSTATEMENT** 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/90

5. FEI Number

650220412

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

FRANCISCO VALCARCE

400003912814

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

4021 S.W. 96 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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

*Francisco Valcarce*

REGISTERED AGENT MUST SIGN

Date 03/15/01

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.	FRANCISCO VALCARCE	4021 S.W. 96 AVE	MIAMI, FL 33165

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:

*Francisco Valcarce* (FRANCISCO VALCARCE)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01  
Date

(305) 219-3015  
Daytime Phone #