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## COVER LETTER

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ENTITY NAME: BIORESTORATIVE THERAPIES, INC
CK #
AMOUNT: 43.75
PLEASE FILE THE ATTACHED AND RETURN:
PLAIN COPY
X CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR FUR THER INFORMATION ON THIS MATTER

THANK YOU!

TINA GOFF, PRESIDENT

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN KLORIDA

BioRestorative Therapies, Inc.	
(Name of Corporation)	
F1000001090	28 JUH 12
(Document Number of Corporation (If known)	
Delaware	PH L: 16
(Incorporated Under Laws of)	5
voluntarily surrenders its authority to transact business or conduct affairs in Florida.  This corporation revokes the authority of its registered agent in Florida to acappoints the Department of State as its agent for service of process based on a the time it was authorized to transact business or conduct affairs in Florida.	cept service on its behalf and
The following is a current mailing address for the corporation:	
40 Marcus Drive, Suite One	
(Mailing Address)	
Melville, New York 11747	
(City/ State /Zip)	

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Mark Weinreb

(Typed or printed name of person signing)

June 12, 2015

(Date)

CEO, President, Chairman of the Board

(Title of person signing)

FILING FEE \$35