

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 92000004064

**1. Corporation Name**

BioChem Solutions Inc.

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

S.W. 8th. Street,

Suite, Apt. #, etc.

Suite 2000

City & State

Miami FL.

Zip

33130

Country

USA

**3. Mailing Office Address**

S.W. 8th. Street,

Suite, Apt. #, etc.

Suite 2000

City & State

Miami FL.

Zip

33130

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Terry Hunter

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

S.W. 8th. Street,

Suite, Apt. #, Etc.

Suite 2000

City

Miami

State

FL

Zip Code

33130

**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

REGISTERED AGENT MUST SIGN

Date **June 30, 2009**

**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      | Michael Gomez                     | S.W. 8th. Street, Suite 2000                   | Miami FL. 33130    |
| COB    | Dr. Tony Lichaa                   | S.W. 8th. Street, Suite 2000                   | Miami FL. 33130    |
| CFO/D  | Garth Jensen                      | S.W. 8th. Street, Suite 2000                   | Miami FL. 33130    |
| D      | James Herman                      | S.W. 8th. Street, Suite 2000                   | Miami FL. 33130    |
| D      | Eston E. Melton III               | S.W. 8th. Street, Suite 2000                   | Miami FL. 33130    |
| D      | Jason Taite                       | S.W. 8th. Street, Suite 2000                   | Miami FL. 33130    |

**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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Gomez

July 30, 2009

Date

1-561-354-8057

Daytime Phone #

FILED

09 SEP 11 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

07-09

500160587995  
09/11/09--01029--010 \*\*458.75  
CRZE081 (12/08)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

65-0386286

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.