

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 14 PM 1:10

DOCUMENT # **P93000017280**

1. Corporation Name

**PHOENIX BIOMEDICAL CORP.**

Principal Place of Business

Mailing Address

2495 GENERAL ARMISTEAD AVE  
NORRISTOWN PA 19403

P.O. BOX 80390  
VALLEY FORGE PA 19484



**REINSTATEMENT 01-02**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/08/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

23-2718363

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOKANSON, CHARLES	1335 MERRYBROOK ROAD	COLLEGEVILLE PA 19426
DV	HOKANSON, ELLEN	1335 MERRYBROOK ROAD	COLLEGEVILLE PA 19426
D	LARRY SEZANT	2020 NE 163RD STRET	MIAMI FL 33162
			600004794076--6 -01/24/02--01038--005 ****900.00 ****900.00 JH/18

8. Name and Address of Current Registered Agent

BAUMAN, JEROME A  
7820 PETERS ROAD  
SUITE E-103  
PLANTATION FL 33024

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/10/02

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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/02

Daytime Phone #

CR2040 (8/01)