


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 NOV 18 AM 8:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000072791

1. Corporation Name
REGENERATION TECHNOLOGIES, INC.

Principal Place of Business Mailing Address

1 INNOVATION DR. 1 INNOVATION DR.
 ALACHUA FL 32615 ALACHUA FL 32615

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



REINSTATEMENT 98

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **08/21/1997**

5. FEI Number Applied For

59-3466543 Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Jamie M. Grooms	1 Innovation Dr.	Alachua, FL 32615
V. Pres	Nancy R. Holland	1 Innovation Dr.	Alachua FL 32615
CEO/ Secy/Treas	Richard R. Allen	1 Innovation Dr	Alachua FL 32615
			400002695054--9 -11/24/98--01031--006 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

GROOMS, JAMES M
 1 INNOVATION DR.
 ALACHUA FL 32615

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

FL

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: *Jamie M. Grooms* Date: **11/16/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Jamie M. Grooms* **11/16/98** Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (9/98)