| | rueAs | SE HEAD A | ALL INST | HUCTIONS | BEFORE C | OMPLET | ING THIS FOI | RM. | |
|--|---|--|------------------------------------|--|--|--|---------------------------------|--|--|
| APPLICA FOR | ATION R | | | A DEPARTMEN Katherine Had Secretary of S | IT OF STATE rris | | ٦١١٤ | | |
| REINSTAT | EMENT | The same | DI | VISION OF CORPOR | | | BECHE LARY | OF STATE | |
| DOCUMENT # S9275 5 | | | | | | | | | |
| 1 Conjuntion Name AQUA BIO TECHNOlogies IIVE. | | | | | | 99 SEP 23 AM II: 14 | | | |
| House | , p10 | IECUNOIC | sques , | 7795. | | | | | |
| Done out Discozef flo | Principal Place of Business Mailing Address | | | | | | | | |
| 7222 South TAMPAMI FRAN | | | | | | | | | |
| SARASO | 4.57 | 34242 | | | | | | | |
| | | | | | | The state of the s | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable | | | | | | 4. Date Incorporated or Qualified | | | |
| 5153 SAUDY COUG AUE | | | Suite Ant # | Suite, Apt. #, etc. | | | To Do Business in Florida | | |
| City & State | | · | City & State | | | 5. FEI Number Applied For | | | |
| Surasota, Fi | | Zip Country | | | 6. Not Applicable S8.73. Additional Fee required | | | | |
| 34242 | Country | | <u></u> | Country | | CERTIFICATI | OF STATUS DESIRED L | for a Certificate of Status | |
| 7 Numes and Stree | | Each Officer and/one of Officers | ir Director (Flor | | et Address of Each | st 3 directors) | г | | |
| Title(s) and/or Directors | | /or Directors | | | er and/or Director Post Office Box Numbers) | | 4 | ity / State / Zip | |
| P MICHAEL J. REDDEN | | | | SI53 Shooty Code 7 | | Aug Sarasota, FL 34242 | | | |
| David Larson | | | | පෙන් පිරිරි | dlake w | wae. | Oldsmar | ,FI 34677 | |
| | | | | | | 1(| 1000295 -09/24/95 ***1050 | 301075001 .00 ***1050.00 | |
| 8. I | Name and Add | ress of Current R | edistered Age | nt | | 9. Name and A | Address of New Regist | tered Agent | |
| 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Name Name | | | | | | | | | |
| Street Address (F | | | | | | P.O. Box Number is Not Acceptable) Shady Couc Aug | | | |
| | | | | | Suite, Apt. #, Etc. | sanot . | 30e 76e | | |
| City State Zip Code | | | | | | | | | |
| 10 I, being appointe | d the registered | agent of the abov | segtimed corpo | ration, am lamiliar wit | h and accept the ob | ligations of Secti | on 607.0505, F.S. | FL 34242 | |
| Signature of Registered Agent | _ | REC | GISTERED AG | ENT MUST SIGN | | · | Date Soplem | - 2221 14 1435 | |
| 11. This cor Intangible | | | | ear e June 30. | Yes I | J No □ | | ner side for information n intangible tax.) | |
| this reinstatement owed by the corp | application, the oration have be | e reason for dissolute name of the name of | ution has been ames of individi | eliminated, the corpor | ate name satisfies to do not qualify for a | he requirements in exemption und | of section 607.0401 or | urther certify that when filing 617.0401, F.S., that all fees F.S. The information indicated | |
| SIGNATURE | SIGNATURE A | NO TYPED OR PRIN | | LUNG T R | | Septem | Date 14 1888 | 941) 312-9160 Daytime Phone # | |