

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N27127**

1. Corporation Name

FLORIDA BIOMEDICAL SOCIETY, INC.

Principal Place of Business

P O BOX 536874
ORLANDO FL 32853-6874
US

Mailing Address

P O BOX 536874
ORLANDO FL 32853-6874
US

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

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

06/24/1988

5. FEI Number

59-2904766

Applied For

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TD	DENHAM, DAVID B	900 NW 17TH ST	MIAMI FL 33136
D	MADEN, BRUCE A	2493 ANDROS LANE	FT. LAUDERDALE FL
VD	REYES, A. TY	2500 NW 79TH AVE	MARGATE FL 33063
PD	TROSSBACH, JESSICA	1369 SW ALBATROSS WAY	PALM CITY FL 34990
SD	HEIT, JAMES D	20341 MARLIN ST	ORLANDO FL 32833
			50000346900911-3 -11/20/00--01020--003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

DENHAM, DAVID
900 NW 17TH ST
MIAMI FL 33136

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

Miami

FL

33143

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 **10/29/00**

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

10-29-00 (954)

Daytime Phone #

755-6222
FAX 7598

CR2ED40 (9/00)