

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -3 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 405104

1. Corporation Name

Biomagnetics International, Inc.

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

4295 Sunbeam Rd.

Suite, Apt. #, etc.

Apt. 402

City & State

Jacksonville, FL

Zip

32257

Country

DAVAL

3. Mailing Office Address

P.O. Box 57305

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32257

Country

DAVAL

JP

400113551344
01/02/08--01034--010 **300.00

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

WOP

7. Name and Address of Current Registered Agent

Name

Walter Rawls

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

4295 Sunbeam Rd.

Suite, Apt. #, Etc.

Apt. 402

City

Jacksonville

State

FL

Zip Code

32257

☒ 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.

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

Walter Rawls

REGISTERED AGENT MUST SIGN

Date

Dec 31/2007

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 |
|------------------|--------------------------------------|---|-------------------------------|
| <i>President</i> | <i>Walter Rawls</i> | <i>4295 Sunbeam Rd. Apt. 402</i> | <i>Jacksonville, FL 32257</i> |
| <i>V. Pres</i> | <i>C. Nolan Simpson</i> | <i>11</i> | <i>11</i> |
| <i>11</i> | <i>Kevin Walker</i> | <i>11</i> | <i>11</i> |
| <i>11</i> | <i>Dr. Ron Waring</i> | <i>11</i> | <i>11</i> |
| <i>11</i> | <i>Charles W. Wray</i> | <i>11</i> | <i>11 B1/4/08</i> |

REINSTATEMENT 06-07

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

Walter Rawls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-31-07

Daytime Phone #

904-937-5301