PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED
96 NOV 12 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738382

1. Corporation Name

FLORIDA CRYONICS ASSOCIATION, INC.

300002006553--5
-11/18/96--01002--009
****490.00 ****490.00

Principal Place of Business	Mailing Address
~~3400 Radio Road, Bay #104-108~~ ~~Naples, FL 33942~~	

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE 92-96

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
995 SW 24 Street	995 SW 24 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33315 Country: USA	Zip: 33315 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03-16-77

5. FEI Number: 59-1746396 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: NO

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	WILLIAM FALOON	995 SW 24 Street	Ft. Lauderdale, FL 33315
S/T/D	SAUL KENT	995 SW 24 Street	Ft. Lauderdale, FL 33315
V/D	GREG STEKOM	995 SW 24 Street	Ft. Lauderdale, FL 33315

8. Name and Address of Current Registered Agent

~~Shirley A. Bogus~~
~~201 Santa Clara Dr. #7~~
~~Naples, FL 33942~~

9. Name and Address of New Registered Agent

Name: William Faloon
Street Address (P.O. Box Number is Not Acceptable): 995 SW 24 Street
Suite, Apt. #, Etc.:
City: Ft. Lauderdale State: FL Zip Code: 33315

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] Date: Nov 8 1996
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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.; and that all fees owed by the corporation have been paid. 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] Nov 8 1996 954-966-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E048 (12/95)