

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>761373</u>		FILED 97 AUG -1 AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <u>Gesueriad Research Foundation Inc.</u>			
Principal Place of Business <u>1873 Oak Street</u>		Mailing Address <u>same</u>	
<u>Sarasota FL 34236-7114</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number <u>59-2172998</u>	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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
P.D	McDowell, Melissa	1502 Eastbrook Drive	Sarasota, FL
V.D	Wickler, Hans J., Ph.D	1873 Oak St.	Sarasota, FL
S	Richardson, Jean	938 N. Beneva Rd.	Sarasota, FL
T	Jones, Mary	5309 Siesta Court	Sarasota FL
D	Riley, Michael	101 W 104th Street	New York, NY
			BANK 01.25
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Richard W. Cooney 240 South Pineapple Avenue Sarasota, Florida 34236		Name David S. Watson	
		Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Avenue	
		Suite, Apt. #, Etc. 9th Floor	
		City Sarasota	State FL
		Zip Code 34236	
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 <u>[Signature]</u>		Date <u>April 8, 1997</u>	
REGISTERED AGENT MUST SIGN		200002260932-3	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/>			
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: <u>Hans Wickler</u>		Date <u>6 April 1997</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>941-365-2378</u>	