PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
'01 JAN 18 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833865

1. Corporation Name

HYDRON TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1001 YAMATO RD 403 BOCA RATON FL 33431 US	1001 YAMATO RD 403 BOCA RATON FL 33431 US

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: 02/20/1975

5. FEI Number: 13-1574215 ☐ 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
PD	BANAKUS, RICHARD	1001 YAMATORD #403	BOCA RATON FL 33431
D	JOSHUA ROCHLIN	1365 MILFORD TERRACE	TEANACK, NJ 07666
D	GRAY, KAREN	PO BOX 418	CUTCHAGNE NY 11935
D	JOHNSTON, CHARLES	706 OCEAN DRIVE	JUNO BEACH FL 33408
COO	TERRENCE S. McGRATH	1001 YAMATO RD #403	BOCA RATON FL 33431
CFO	WILLIAM A. FAGÓT	1001 YAMATO ROAD #403	BOCA RATON FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BURNS, THOMAS G 1001 YAMATO RD #403 BOCA RATON FL 33431	WILLIAM A. FAGÓT, CFO 1001 YAMATO ROAD, Suite 403 BOCA RATON, FL 33431 Zip Code

CR2E040 (8/00)

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 — Date: 10/20/00
REGISTERED AGENT MUST SIGN

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.

800003575628---9
-01/26/01--01004--013
****935.00 ****935.00

SIGNATURE: SIGNATURE REQUIRED — 10/20/00 — (561)994-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #