

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 844085

1- Corporation Name

TISSUE BANKS INTERNATIONAL, INCORPORATED

Principal Place of Business

Mailing Address

815 PARK AVE.
BALTIMORE MD 21201

815 PARK AVE.
BALTIMORE MD 21201

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

REINSTATEMENT



100023906551

10/17/03--01054--011 **236.50

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1979

5. FEI Number

52-1290067

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
P	COLE, GERALD	815 PARK AVE	BALTIMORE MD 21201
D	BOURNE, KENNETH JR	TWO HOPKINS PLAZA, 2ND FLOOR	BALTIMORE MD 21201
T	LEIMKUHLE, JAMES	815 PARK AVENUE	BALTIMORE MD 21201
D	BINK, ART	614 N. PLYMOUTH STREET	CULVER IN 46511
D	CULLEN, JOHN	6437 CLOISTERGATE DRIVE	BALTIMORE MD 21201

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/15/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Leimkuhler 10/10/03

Date

Daytime Phone #

(410)752-3800

CR2E040 (7/03)