

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 24 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000003755**

1. Corporation Name

CELLUTION, INC.

2. Principal Office Address

1355 West Palmetto Park Rd

3. Mailing Office Address

1355 West Palmetto Park Rd

Suite, Apt. #, etc.

SUITE 10X

Suite, Apt. #, etc.

SUITE 10X

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0926280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SIDNEY ABUSCH

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

1355 WEST PALMETTO PARK ROAD

Suite, Apt. #, Etc.

SUITE 10X

City

BOCA RATON

State

FL

Zip Code

33486

500010681265

01/24/03--01013--002 **10.00

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

Sidney Abusch
REGISTERED AGENT-MUST SIGN

Date

1/6/2003

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
D	SIDNEY ABUSCH	1355 West Palmetto Park Rd	BOCA RATON, FL 33486

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 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

Date

1/6/2003 564-654-5862

Daytime Phone #

CR2E081 (10/02)