

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F00000005398

1. Corporation Name

CELL TECHNOLOGY, INC.

Principal Place of Business

1001 CODDINGTON PLACE  
CHARLOTTE NC 28211

Mailing Address

1001 CODDINGTON PLACE  
CHARLOTTE NC 28211

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/2000

5. FEI Number

65-0477119

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4   |
|---------------|---|--|---|
| CP            | WIEMER, KLAUS E                           | 1001 CODDINGTON PLACE                                  | CHARLOTTE NC 28211  |
| DS            | COHEN, JACQUES                            | 101 OLD SHORT HILLS ROAD, SUITE                        | WEST ORANGE NJ 07052  |
| D             | MCLAUGHRY, WILLIAM E                      | 345 EAST 37TH STREET, SUITE 305                        | NEW YORK NY 10016   |
|               |   |  | 800004703708--2<br>-12/04/01--01032--015<br>***750.00 ***750.00 |
|               |   |  |   |
|               |   |  |   |

8. Name and Address of Current Registered Agent

CHAMOUN, DIRAN  
95 BULLDOG BOULEVARD, SUITE 204  
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-9-01

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

Klaus E. Wiemer

Date

11-5-01

Daytime Phone #

704-384-4950