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#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: TVIGENE CORPORATION (Name of Corporation)		
DOCUMENT NUMBER: FD100000512		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DOROTHY DELFINO (Name of Person)		
(Name of Person)		
ORAGENICS INC		
(Firm/Company)		
13700 PROGRESS BLVD (Address)		
ALACHUA FL 32615 (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
(Name of Person) at (386) 418-4018 X232  (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		

### **MAILING ADDRESS:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### **STREET ADDRESS:**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

TUIGENE CORPORATION (Name of Corporation)
(Name of Corporation)
F01000005/2 F5 7 7 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
(Name of Corporation)  FOLOGODO 5/2  (Document Number of Corporation (if known)  DELAWARE (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby
voluntarily surrenders its authority to transact business or conduct affairs in Florida.
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
13700 PROCRESS BLVD (Mailing Address)
ALACHUA FL 32615 (City/State Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
ROBERT T. ZAHRAD WIK PRESIDENT  (Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**