

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000960

1. Corporation Name

BIOMED RESEARCH TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

~~9913 RIGA BOULEVARD
TAMPA FL 33610~~

~~2821 E COMMERCIAL BLVD
SUITE 201
FT LAUDERDALE FL 33308~~

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

2. New Principal Office Address, If Applicable

3509 COROGNASS DR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3509 COROGNASS DR.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

Zip

33594

Country

USA

Zip

33594

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/2001

5. FEI Number

65-0700727

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
D/C	MORADI, AHMAD	2821 E COMMERCIAL BLVD SUITE 201	FT LAUDERDALE FL 33308
D/N	ROSNER, STEVEN L	2821 E COMMERCIAL BLVD SUITE 201 3509 COROGNASS DR.	FT LAUDERDALE FL 33308 VALRICO, FL 33594
D/C	CLIPPINGER, DONALD	3509 COROGNASS DR.	VALRICO FL 33594

800037010698
05/24/04--01008--007 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MORADI, AHMAD
2821 E COMMERCIAL BLVD
SUITE 201
FT LAUDERDALE FL 33308~~

Name Steven L Rosner

Street Address (P.O. Box Number is Not Acceptable)
3509 COROGNASS DR.

Suite, Apt. #, Etc.

City VALRICO

State FL

Zip Code 33594

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

Steven L Rosner

REGISTERED AGENT MUST SIGN

Date

5.20.04

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:

Steven L Rosner / Steven L Rosner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.20.04

Date

813
792-2020
Daytime Phone #

CR2E040 (7/03)



May 20, 2004

Division of Corporations
Annual Report/Reinstatement Division
409 East Gaines Street
Tallahassee, FL 33594

RE: FL01 000000 960
Sent VIA UPS Next Day Letter #1Z 29T 53T 01 9539 9692

To Whom It May Concern;

We have just received the enclosed reinstatement form for our annual corporate filing.

Our **former registered Agent**, who also served as an officer of the corporation, resigned early last year and did not notify us of his failure to file on a timely basis.

We have filled out the enclosed form and are enclosing a check in the amount of \$300.00 (Three Hundred Dollars) for the 2003 and 2004 filing.

We respectfully request that you waive the reinstatement fee, and vow not to allow this to happen again

Thank you in advance for your cooperation and consideration.

Respectfully,

Steven L. Rosner, EVP
BIOMED Research Technologies, Inc.

Encl: Reinstatement Form
Check # 1631 for \$300.00