2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 15, 2004
Secretary of State

DOCUMENT# F44690

Entity Name: BIOLOGICAL TISSUE RESERVE, INC.

Current Principal Place of Business:

700 SEVENTH AVENUE NORTH
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

361 PRAIRIE LAKE COVE.
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

1704 LUCAS DR.
CLEARWATER, FL 33759 US

FEI Number: 59-2126775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, NANCY K
700 SEVENTH AVENUE NORTH
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHNEIDER, DOUGLAS
Address: 700 7TH AVE N
City-St-Zip: ST PETERSBURG, FL 33701

Title: VP ( ) Delete
Name: SCHNEIDER, NANCY
Address: 700 7TH AVE N
City-St-Zip: ST PETERSBURG, LF 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHNEIDER, DOUGLAS
Address: 606 KEOWEE LANE
City-St-Zip: FORT MILLS, SC 29708

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY SCHNEIDER VP 11/15/2004

Electronic Signature of Signing Officer or Director Date