

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F93000003360

1. Corporation Name

EMBREX, INC.

Principal Place of Business

P.O. BOX 13989
RESEARCH TRIANGLE PARK NC 27709

Mailing Address

P.O. BOX 13989
RESEARCH TRIANGLE PARK NC 27709

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

07/21/1993

5. FEI Number

56-1469825

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VP	DON T SEAQUIST	100 EATON PLACE	CARY NC 27513
PCEO	MARCUSON, RANDALL L	1035 SWABIA COURT	DURHAM NC 27703
D	AUSTIN, CHARLES E Hblzer, Peter J	2832 WILFRED REID CIRCLE- 183 Edgestowne Rd	SARASOTA FL 34240 Princeton, NJ 08540
D	CRAWFORD, LESTER	3240 PROSPECT STREET	N.W. WASHINGTON DC 20007
D	MAY, KENNETH	203 MCELWEE STREET	N. WILKSBORO NC 28659
D	PAPPAS, ARTHUR M	4000 DOVER RD	DURHAM NC

8. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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]

REGISTERED AGENT MUST SIGN

ALLAN FARNELL
ASSISTANT SECRETARY

Date

2/27/01

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

Don T. Seagquist 2/1/01 (919) 941-5185

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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