

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>  <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	--	--

DOCUMENT # **F94000006274**

1. Corporation Name

**BIOLUMINESCENCE INSTITUTE, INC.**

Principal Place of Business		Mailing Address	
3599 23RD AVE S #9 LAKE WORTH FL 33461		3599 23RD AVE S #9 LAKE WORTH FL 33461	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	DELP, BILL	3599 23RD AVE S #9	LAKE WORTH FL 33461

1000003491161--9  
-12/07/00--01079--019  
\*\*\*\*758.75 \*\*\*\*758.75  
*W/12/00*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DELP, BILL 3599 23RD AVE S #9 LAKE WORTH FL 33461		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
		FL	

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

*William H. Delp II* **REQUIRED**

REGISTERED AGENT MUST SIGN

Date *Nov 20-2000*

CR2E040 (8/90)

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:

*William H. Delp II* *11/20/2000* *561-588-7696*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #