

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000006274

1. Corporation Name

BIOLUMINESCENCE INSTITUTE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 22 AM 10:06

Principal Place of Business

3599 23RD AVE S #9
LAKE WORTH FL 33461

Mailing Address

3599 23RD AVE S #9
LAKE WORTH FL 33461



REINSTATEMENT 00

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0849141

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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
PD	DELP, BILL	3599 23RD AVE S #9	LAKE WORTH FL 33461
			100003491161--9 -12/07/00--01079--019 ****758.75 ****758.75

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
FL

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

William H. Delp
REGISTERED AGENT MUST SIGN

Date Nov 20 - 2000

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/2000

Daytime Phone #

561 588 7695

CR2E040 (800)