

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000005034

1. Corporation Name

BIOSCIENCE RESEARCH INSTITUTE INC.

FILED

98 JUL -6 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2440 NW 87TH LANE
SUNRISE FLORIDA
33322

Mailing Address

2440 NW 87TH LANE
SUNRISE FLORIDA
33322

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

10/17/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0619361

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	HARVEY N. MAYROVITZ	2440 NW 87TH LANE SUNRISE FL 33322	SUNRISE FLORIDA 33322
V/S/T	SANDRA J. MAYROVITZ	2440 NW 87TH LANE	SUNRISE FLORIDA 33322
			300002589073--9 -07/14/98--01097--010 ****908.75 ****908.75
			REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

HARVEY N. MAYROVITZ

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

2440 NW 87TH LANE

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33322

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

Harvey N. Mayrovitz
REGISTERED AGENT MUST SIGN

Date 7-2-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Harvey N. Mayrovitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY N. MAYROVITZ 7-2-98 954-748-5432

Date

Daytime Phone #