

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000000894

1. Corporation Name

MSI VENTURES, INC.

Principal Place of Business

Mailing Address

2033 WOOD STREET  
SUITE 120  
SARASOTA FL 34237

2033 WOOD STREET  
SUITE 120  
SARASOTA FL 34237

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/19/1997

5. FEI Number

75-2615530

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	ST. GENIS, JOHN S	2033 WOOD STREET	SARASOTA FL 34237
D	FLYNN, WILLIAM K	320 PARK AVENUE 23RD FLOOR	NEW YORK NY 10022

500004685825--9

-11/16/01--01080--020

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BUSTARD, R. DAVID~~  
~~200 SOUTH ORANGE AVENUE~~  
~~SARASOTA FL 34236~~

Name  
**THOMAS B. LUZIER**  
Street Address (P.O. Box Number is Not Acceptable)  
**3400 S. TAMiami TR. STE 202**  
Suite, Apt. #, Etc.  
**SARASOTA**  
City  
**SARASOTA** State  
**FL** Zip Code  
**34239**

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

REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

**John S. St. Louis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/01 941 951 6771

# MSI VENTURES, INC.

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October 12, 2001

Florida Department Of State  
Division Of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
TALLAHASSEE, FL 32314-6327

Dear Florida Department Of State:

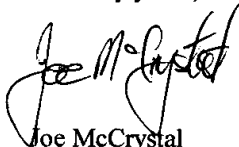
Please find enclosed the completed copy of the Application For Reinstatement and our check for \$150.00, as discussed with one of your representatives on the telephone earlier today.

This form is the first form that we received from your office to file for this company this year and we wish to have the late reinstatement fee cancelled. It is difficult for us to complete a form and send payment to you unless we receive the form from your office in the first place.

As we also operate a subsidiary company from this office, we are now aware that we did not receive any forms at the start of the year for either of the two companies. We did, however, receive a reminder for the other company, Molecular Separations, Inc. Document No. P99000002470, in June and we paid the late fee on this form in August. Again, since we did not receive either form at the start of the year for either company, I would also ask that you refund the late fee of \$400.00, which we paid at the time of filing the form for Molecular Separations, Inc.

If you require any further clarification on this matter, please do not hesitate to contact me at (941) 951-6771.

Sincerely yours,



Joe McCrystal  
Enclosures