

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000005553

1. Corporation Name

CRYOBANKS INTERNATIONAL, INC.

Principal Place of Business

270 SOUTH NORTH LAKE BLVD., STE 1012
ALTAMONTE SPRINGS FL 32701

Mailing Address

270 SOUTH NORTH LAKE BLVD., STE 1012
ALTAMONTE SPRINGS FL 32701

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

10/05/1998

5. FEI Number

59-3310005

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
P	BRUNOEHLER, DWIGHT	270 SOUTH NORTH LAKE BLVD STE 10	ALTAMONTE SPRINGS FL 32701
C	KAZI, ZUBAIR	270 SOUTH NORTH LAKE BLVD STE	ALTAMONTE SPRINGS FL 32701
SD	BURGER, ALAN	270 SOUTH NORTH LAKE BLVD STE	ALTAMONTE SPRINGS FL 32701
TD	SCANLAN, CHRISTOPHER	270 SOUTH NORTH LAKE BLVD STE	ALTAMONTE SPRINGS FL 32701
D	HERRERA, ANGEL	270 SOUTH NORTH LAKE BLVD STE	ALTAMONTE SPRINGS FL 32701
D	LEDERMAN, SANFORD MD	270 SOUTH NORTH LAKE BLVD STE	ALTAMONTE SPRINGS FL 32701

8. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400023962044

10/21/03--01028--0115 State and 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. or 617.0505, F.S.

Signature of
Registered Agent

Lisa C. Harding, V.P.

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

400023962044
11/07/03--01085--001 **150.00
October 14, 2003

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 407-8348332

**CRYOBANKS INTERNATIONAL, INC.
270 S. NORTH LAKE BLVD., SUITE 1012
ALTAMONTE SPRINGS, FL 32701**

Document # F98000005553

Corporate Name: Cryobanks International, Inc.

BLOCK 5: FEI Number: 59-3310005

BLOCK 7:

Street Address of Each Officer and/or Director:

Change to: 270 S. North Lake Blvd., STE 1012

Additional Officers/Directors:

Title: D

Name: Raymond, Joanne

Street Address: 270 S. North Lake Blvd., STE 1012

City/State/Zip: Altamonte Springs, FL 32701

Title: D

Name: Siddique, M. Osman

Street Address: 270 S. North Lake Blvd., STE 1012

City/State/Zip: Altamonte Springs, FL 32701