

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 NOV 21 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **G53461**

1. Corporation Name

**FLORIDA BIOTECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

1673 W. PAUL DIRAC DRIVE  
TALLAHASSEE FL 32310  
US

INNOVATION PARK  
1673 W. PAUL DIRAC DRIVE  
TALLAHASSEE FL 32310  
US

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

08/10/1983

5. FEI Number

59-7370429

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
PD	DEBUSK, GIB	3583 DORIS DRIVE	TALLAHASSEE FL
VD	DEBUSK, RUTH M.	3583 DORIS DRIVE	TALLAHASSEE FL

300025082703  
11/26/03--01070--020 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEEKER, VAN P  
% IGLER & DOUGHERTY, P.A.  
1501 PARK AVENUE EAST  
TALLAHASSEE FL 32301

Name

DeBusk, A.G.B.

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

3583 DORIS DRIVE

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

SIGNATURE DeBusk

REGISTERED AGENT MUST SIGN

Date

11/21/03

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 DeBusk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/03

Daytime Phone #

5626225

CR2E040 (7/03)