


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 12 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

800031357638
03/29/04--01097--008 **300.00

DOCUMENT # **G56816**

1. Corporation Name

FURON, INC.

2. Principal Office Address

2351 HIDDEN PINE L.

Suite, Apt. #, etc.

3. Mailing Office Address

2351 HIDDEN PINE LANE

Suite, Apt. #, etc.

City & State

PALM BAY, FL.

City & State

PALM BAY, FL.

Zip

32905

Country

BREVARD

Zip

32905

Country

BREVARD

4. Date Incorporated or Qualified To Do Business in Florida

8/25/1983

5. FEI Number

59-2912684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RONALD A. JONES

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

2351 HIDDEN PINE LANE

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32905

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Ronald H. Jones

REGISTERED AGENT MUST SIGN

Date **5/13/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	RONALD H. JONES	2351 HIDDEN PINE LANE	PALM BAY, FL 32905
VP	JERRY WEINBERG	9409 SW 1 ST PLACE	GAINESVILLE FL 32607

10. 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:

RH Jones Pres. RONALD H. JONES **8/26/04** **800 4730855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



March 26, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

We just learned that our corporation status at the state level was listed "inactive", and found out that the 2003 Annual Registration Report was sent to the old address, indicating why we did not received this report for responding in a proper time frame. Accordingly, we are filing the form for reinstatement to active status with a check for \$300 (check #3966), and request the waiver of the late fee.

Thank you for your assistance in this matter.

Cordially,

A handwritten signature in black ink, appearing to read "RH Jones".

Ronald H. Jones, Ph.D.
President