

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 AUG 22 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J44574**

**1. Corporation Name**

Bio-Pod, Inc.

**2. Principal Office Address**

9955 Fowler Avenue

Suite, Apt. #, etc.

City & State

Thonotosassa, Florida

Zip

33592

Country

USA

**3. Mailing Office Address**

9955 Fowler Avenue

Suite, Apt. #, etc.

City & State

Thonotosassa, Florida

Zip

33592

Country

USA

**REINSTATEMENT**

0203

600022514806

08/22/03--01043--004 \*\*900.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/1/1986

**5. FEI Number**

59-2764383

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

Stephen G Connett

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

213 N Parsons Avenue

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 8/19/2003

**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
P,D	Angelo Reina	9955 Fowler Avenue	Thonotosassa, FL 33592
S,T,D	Nancy Reina	9955 Fowler Avenue	Thonotosassa, FL 33592

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelo Reina

8/19/2003 813-986-2546

Date

Daytime Phone #