

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K01497

1. Corporation Name

IMMUNO SERVICES, INC.

Principal Place of Business

1620 W. OAKLAND PARK BLVD.
STE.300
FT. LAUDERDALE FL 33311

Mailing Address

1620 W. OAKLAND PARK BLVD.
STE.300
FT. LAUDERDALE FL 33311

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

11/06/1987

5. FEI Number

65-0011025

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)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

DP

FURNESS, COLIN

3300 NE 14TH COURT

FT. LAUDERDALE FL

100008644791
10/29/02--01038--006 **150.00

JS

8. Name and Address of Current Registered Agent

FURNESS, COLIN
3300 NE 14TH COURT
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

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

Colin Furness SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

Colin Furness SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 954 626 6011
Date Daytime Phone #

IMMUNO SERVICES, INC.

1620 W. Oakland Park Blvd.

Ft. Lauderdale, FL 33311

International: 954-626-6011

Fax: 509-692-9371

Domestic: 800-231-9197 Ext 6211

DATE: 10/23/02

TO: Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

REF: FEI # 65-0011025

To whom it may concern,

Please find enclosed the completed application form for the reinstatement of Immuno Services, Inc. FEI # 65-0011025

The only notification that I received this year, in reference to the filing of an Annual Report for Immuno Services, Inc. was the Notice of Administrative Dissolution or Revocation letter that was received this week.

Therefore, I am respectfully requesting that you accept my attached payment in the amount of \$150.00 as payment in full for the 2002 filing of Immuno Services, Inc. Annual Report.

Yours Sincerely,



Colin W. Furness
President