

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 # N02000009311

1. Corporation Name

BIOLOGICAL THERAPY INSTITUTE, INC.

Principal Place of Business

11 West Point Drive
~~107 HARBOUR POINT DR~~
CRAWFORDVILLE FL 32327

Mailing Address

~~107 HARBOUR POINT DR~~
~~CRAWFORDVILLE FL 32327~~
1317 GORDON Ave
Thomasville, GA 31792

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11 West Point Dr
Crawfordville

1317 GORDON Ave
Thomasville, GA

Zip City State
32327 Wakulla

Zip City State
31792 Thomas

5. PET Number

62-1212221

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	ROBERT K. OLDHAM MD	1317 GORDON Ave	Thomasville, GA 31792

900027978859
01/30/04--01061--005 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLDHAM, ROBERT K II

~~107 HARBOUR POINT DR~~
CRAWFORDVILLE FL 32327

11 West Point Dr

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Robert K. Oldham MD

REGISTERED AGENT MUST SIGN

Date

1/27/04

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 of Robert K. Oldham MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT K. OLDHAM MD

1/27/04

Date

229

403-1282

Daytime Phone #

CR12E040 (7/03)