

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 31 PM 3:30

DOCUMENT # N94000004862

1. Corporation Name

UNIVERSITY OF FLORIDA ORTHOPAEDIC TISSUE
BANK, INC.

2. Principal Office Address
2 Innovation Drive

3. Mailing Office Address
2 Innovation Drive

REINSTATEMENT 99-00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Alachua, Florida

City & State
Alachua, Florida

4. Date Incorporated or Qualified To Do Business in Florida 9/28/94

5. FEI Number 59-3280155

Applied For
 Not Applicable

Zip 32615 Country USA

Zip 32615 Country USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Nancy Holland

200003222112

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

-04/25/00--01010--017

***306.25 ***306.25

Suite, Apt. #, Etc.

City Alachua

State
FL

Zip Code
32615

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 *Nancy Holland*
REGISTERED AGENT MUST SIGN

Date 3/29/00

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	<u>Nancy Holland</u>	<u>2 Innovation Drive</u>	<u>Alachua, FL 32615</u>
CD	<u>Frank Glowczewskie, Jr</u>	<u>2 Innovation Drive</u>	<u>Alachua, FL 32615</u>
D	<u>Lawrence Hopkins</u>	<u>2 Innovation Drive</u>	<u>Alachua, FL 32615</u>

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: *Nancy Holland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Holland

3/29/00

Date

Daytime Phone #

CR2E081 (9/99)

AD