## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

## SOUTHEAST TISSUE ALLIANCE, INC.

Principal Place of Business

Mailing Address

SECRETARY OF STATE TALLAHASSEE, FLORIDA A LOCKETAR OLD LOCKE DEDER ODERE BANKE HOERE AUGEL ABREE DER GEREE DE LOCKE DE LOCKE

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.  1. New Principal Office Address, If Applicable (S.2 New Principal Office Address In Forida (S.2 New Principal Office) (	-ALACHUA-FL-32615 -		-ALACHUA FL 32615-					<u> </u>		itiona onna niotion	
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2. New Principal Office Address, if Applicable 6.241 NW 23 Street Sume as 2.  Sume, apt. 4.  Sume as 2.  Sume, apt. 4.  Sume and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Sume, apt. 4.  Certificate of Status Sume Sume Sume Sume Sume Sume Sume Sum								-10/25/U1-	_01.00g.	~-UIU	
Same as 2.  Suite, Apt, #e etc. Suite 400  City & State  City & State  Certificate of Status Desired In Not Applicable to Status Desired In Not Applicable In Not Applicable to Status Desired In Not Applicable I					******ごうり。c	25 ***	<b>₩</b> 236.25				
Sure Apt #, etc.  Suite 400  Suite, Apt #, etc.  Suite 400  Suite, Apt #, etc.  Suite 400  Suite, Apt #, etc.  Suite, Apt #, e			1								
Suite 400  City & State  Gainesville, FL  Zip  Country  Street Address of Status DesireD IM  Street Address of Each Officers and/or Directors  A City / State / Zip  City / State / Zip  City / State / Zip  ALACHUA FL 32615  D Bovay, John  ALACHUA FL 32615  B. Name and Address of Current Registered Agent  HOLLAND, NANCY  Lanzillotti, Robert  Bovay, John  CERTIFICATE of STATUS DESIRED IM  Street Address of Each Officers and Jor Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Directors  A City / State / Zip  ALACHUA FL 32615  ALACHUA FL 32615  D HOPKINS, LAWRENCE  Lanzillotti, Robert  CENNOVATION DR  ALACHUA FL 32615  ALACHUA FL 32615  D Bovay, John  Bovay, John  CERTIFICATE of STATUS DESIRED IM  Street Address of Reverting to Status  ALACHUA FL 32615  CERTIFICATE of STATUS DESIRED IM  Street Address of Reverting to Status  ALACHUA FL 32615  ALACHUA FL 32615  D Bovay, John  CERTIFICATE of STATUS DESIRED IM  Street Address of Reverting to Status  ALACHUA FL 32615  CERTIFICATE of STATUS DESIRED IM  Street Address of Reverting to Status  ALACHUA FL 32615  CERTIFICATE of STATUS DESIRED IM  Street Address of Reverting to Status  ALACHUA FL 32615  ALACHUA FL							09/28/1994				
City & State Galines ville, FL Zip Country 59-3280155 Not Applicable Galines ville, FL Zip Country 59-3280155 Not Applicable Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Directors Street Address of Each Officer and/or Directors Street Address of Each Officer and/or Director 4 City / State / Zip PD HOLLAND, NANCY 2-INNOVATION DR ALACHUA FL-32615  D HOPKINS, LAWRENCE 2-INNOVATION DR ALACHUA FL-32615  D HOPKINS, LAWRENCE 2-INNOVATION DR ALACHUA FL-32615  D Bovay, John 6241 NW 23 Street Gainesville, FL 32653  D Bovay, John 6241 NW 23 Street Gainesville, FL 32653  B Nor Applicable Street Address of New Registered Agent 9. Name and Address of New Registered Agent 9. Parker Ailstock, PA Street Address (P.O. Box Number is Not Acceptable) 2615 NW 5 Place Suite, Apt #, Etc.  City Gainesville FL Zip Code 32607			Suite, Apr. #, etc.				5. FEI Number Applied For				
Zip Country 32653  Country USA  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officer and/or Directors  ALACHUA FL 32615  DHOLLAND, NANCY  2 INNOVATION DR  ALACHUA FL 32615  BOWAY, John  ALACHUA FL 32615  Gainesville, FL 32653  DBOVAY, John  ALACHUA FL 32615  BOVAY, John  ALACHUA FL 32615  Gainesville, FL 32653  DBOVAY, John  ALACHUA FL 32615  DBOVAY, John  ALACHUA FL 32615  Gainesville, FL 32653  DBOVAY, John  ALACHUA FL 32615  Gainesville, FL 32653  DBOVAY, John  ALACHUA FL 32615  DBOVAY, State / Zip  ALACHUA FL	City & State		City & State				59-3280155		ŀ	<del></del>	
Zip	Gainesville, FL						6.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Name of Officers and/or Directors   3   Street Address of Each Officer and/or Director   4   City / State / Zip	•	1 ,	Zip		Country		•	OF STATUS DESIRED			
ALACHUA FL 32615  BD HOLLAND, NANCY  CINNOVATION DR  ALACHUA FL 32615  BO GLOWGZEWSKIE, FRANK JR  CINNOVATION DR  ALACHUA FL 32615  BO HOPKINS, LAWRENCE  C2 INNOVATION DR  ALACHUA FL 32615  C3 innesville, FL 32653  C41 NW 23 Street  C3 innesville, FL 32653  C41 NW 23 Street  C41 NW 23 Street  C5241 NW 23 Street  C6241 NW 23	7. Names a	and Street Addresses of Each Officer and/	or Director (Flor	ida nonprofi	t corporat	ions must list at lea	st 3 directors)				
The Holland, Nancy  2 Innovation dr  2 Innovation dr  4 ALACHUA FL 32615  60 GLOWCZEWSKIE, FRANK JR  2 Innovation dr  4 ALACHUA FL 32615  60 GLOWCZEWSKIE, FRANK JR  2 Innovation dr  6241 NW 23 Street  6241 NW 23 Street  6241 NW 23 Street  Gainesville, FL 32653  D Bovay, John  6241 NW 23 Street  Gainesville, FL 32653  8. Name and Address of Current Registered Agent  Name  1 Parker Ailstock, PA  Sircet Address (P.O. Box Number is Not Acceptable)  2615 NW 5 Place  Suite, Apt. #, Etc.  City  Gainesville  FL Zip Code 32607	T:11 - (-)	Title(s)		Officer and for Director			City / State / Zip				
GLOWCZEWSKIE, FRANK JR  2 INNOVATION DR  ALACHUA FL 32615  B HOPKINS, LAWRENCE  2 INNOVATION DR  6241 NW 23 Street  Gainesville, FL 32653  B Bovay, John  6241 NW 23 Street  Gainesville, FL 32653  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  J Parker Ailstock, PA  Sireet Address (P.O. Box Number is Not Acceptable)  2615 NW 5 Place  Suite, Apt. #, Etc.  City  Gainesville  State  Zip Code 32607										ip	
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Name J. Parker Ailstock, PA  Street Address (P.O. Box Number is Not Acceptable)	<del></del>	Bovay, John		0241	1W 23	301660		dainesviile	, IL 3	2000	
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						City Gainesv	ille			Code 32607	
	10. I. being	appointed the registered agent of the about	ve named como	ration am fa	miliar with		<del></del>	nn 607 0505 F S	<u>• •                                   </u>		

Signature of Registered Agent

**SIGNATURE:** 

REGISTERED AGENT MUST SIGN

Oalsber 16, 2001

11.1 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.

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\*\*\*\*\*8.75 \*\*\*\*\*8.75 10/15/01 <u>(352) 248-21</u>14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Lawrence Hopkins

Daytime Phone #