

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

OCT 17 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004862

1. Corporation Name

SOUTHEAST TISSUE ALLIANCE, INC.

Principal Place of Business

Mailing Address

~~2 INNOVATION DR~~
~~ALACHUA FL 32615~~
US

~~2 INNOVATION DR~~
~~ALACHUA FL 32615~~
US



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6241 NW 23 Street

3. New Mailing Office Address, If Applicable

same as 2.

4. Date Incorporated or Qualified To Do Business in Florida

09/28/1994

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

5. FEI Number

59-3280155

Applied For

Not Applicable

City & State
Gainesville, FL

City & State

Zip Country
32653 USA

Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOLLAND, NANCY	2 INNOVATION DR	ALACHUA FL 32615
GD	GLOWCZEWSKIE, FRANK JR	2 INNOVATION DR	ALACHUA FL 32615
D PDC	HOPKINS, LAWRENCE	2 INNOVATION DR 6241 NW 23 Street	ALACHUA FL 32615 Gainesville, FL 32653
D	Lanzillotti, Robert	6241 NW 23 Street	Gainesville, FL 32653
D	Bovay, John	6241 NW 23 Street	Gainesville, FL 32653

REINSTATEMENT 01-18

8. Name and Address of Current Registered Agent

~~HOLLAND, NANCY~~
~~2 INNOVATION DR~~
~~ALACHUA FL 32615~~

9. Name and Address of New Registered Agent

Name
J. Parker Ailstock, PA
Street Address (P.O. Box Number is Not Acceptable)
2615 NW 5 Place
Suite, Apt. #, Etc.
City
Gainesville
State
FL
Zip Code
32607

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.

Signature of Registered Agent

Lawrence Hopkins

REGISTERED AGENT MUST SIGN

Date

October 16, 2001

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:

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

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10/15/01
Date

(352) 248-2114
Daytime Phone #

CR2E040 (8/01)