

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAR 29 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YBR  
01-02

DOCUMENT # P00000112830

1. Corporation Name

BioTherapy, Inc.

2. Principal Office Address

2569 Noble Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2569 Noble Dr

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

Zip

32308

Country

USA

Zip

32308

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12-8-00

5. FEI Number

593699283

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gary Cater

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

2569 Noble Dr

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32308

100005258941--2  
-04/12/02--01115--011  
\*\*\*300.00 \*\*\*300.00

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

Gary Cater

REGISTERED AGENT MUST SIGN

Date 3-27-02

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
CEO	Gary Cater	2569 Noble Dr	Tallahassee FL 32308
VP/Treasurer	Teresa Cater	Same	Same

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:

Gary Cater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

Daytime Phone #

850-386-5385

CR2E081 (9/01)

PB

2 of 2

**BioTherapy Inc.**  
**2569 Noble Dr.**  
**Tallahassee, FL 32308**

---

March 27, 2002

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs:

The notices that were sent to BioTherapy Inc. for the last two years were not delivered and were apparently returned to your office.

I am enclosing a check for \$300 for the years 2001 and 2002. I would request that you waive the additional reinstatement fee.

Thank You,

A handwritten signature in cursive script that reads "Gary Cater".

Gary Cater