

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 13 PM 12:18

DOCUMENT # 9010000 31828

1. Corporation Name

SYMBIOS, INC.

2. Principal Office Address

14700 Sunset Lane

Suite, Apt. #, etc.

City & State

Southwest Ranches, Florida

Zip
33330

Country
U.S.

3. Mailing Office Address

14700 Sunset Lane

Suite, Apt. #, etc.

City & State

Southwest Ranches, Florida

Zip
33330

Country
U.S.

REINSTATEMENT

05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/2001

5. FEI Number

651107505

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

C. Anthony Rumore

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

540 East McNab Road

Suite, Apt. #, Etc.

Suite: C

City

Pompano Beach

State
FL

Zip Code
33060

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/30/06

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
D	Miguel Venereo	14700 Sunset Lane	Southwest Ranches, FL 33330
VP	Maria C. Venereo	14700 Sunset Lane	Southwest Ranches, FL 33330
T	Michelle M. Venereo	14700 Sunset Lane	Southwest Ranches, FL 33330
S	Barbara M. Venereo	14700 Sunset Lane	Southwest Ranches, FL 33330

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/02/06

Date

954-980-6626

Daytime Phone #