

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 21 AM 9:06

DOCUMENT # P01000043051

1. Corporation Name

HOPKINS BIOTECH DEVELOPMENT CORPORATION

Principal Place of Business

416 BURNS CT  
SARASOTA FL 34236

Mailing Address

416 BURNS CT  
SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable

4419 W. SEVILLA ST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4419 W. SEVILLA ST

Suite, Apt. #, etc.

City & State

Tampa FLORIDA

City & State

Tampa FLORIDA

Zip

33629

Country

USA

Zip

33629

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/26/2001

5. FEI Number

03-0454096

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	FRANCIS E. O'DONNELL JR, M.D	709 THE HAMPTONS TOWN AND COUNTRY, MISSOURI	TOWN AND COUNTRY MISSOURI 63017
SECT TREAS	James A. McNulty	4419 W. SEVILLA ST	TAMPA FL 33629

8. Name and Address of Current Registered Agent

DUFFEY, SAMUEL S  
416 BURNS CT  
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 3/26/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/03

Date

813-902-8980

Daytime Phone #

CR2E040 (8/02)