

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -2 AM 8:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01 0000 64420

1. Corporation Name

BIOZYME INTERNATIONAL, INC

2. Principal Office Address

191 MARGUERITA DR.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

Zip

33415

Country

USA

3. Mailing Office Address

191 MARGUERITA DR.

Suite, Apt. #, etc.

City & State

W. PALM BEACH, FL

Zip

33415

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/01

5. FEI Number

65-0742266

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

TERRY C. MAHAN, JR.

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

191 MARGUERITA DRIVE

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

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]

Date MARCH 29, 2004

REGISTERED AGENT MUST SIGN

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
<u>P/V/D</u>	<u>TERRY C. MAHAN, JR.</u>	<u>191 MARGUERITA DR.</u>	<u>W. PALM BEACH, FL 33415</u>

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)(f); 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] TERRY C. MAHAN, JR. 03/29/04 561-66-0790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)