

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03 LAR

FILED

03 JUL 17 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000106604

1. Corporation Name

Biotechnology Medical Waste Transfers, Inc

2. Principal Office Address

127 NORTH DRIVE

Suite, Apt. #, etc.

K

3. Mailing Office Address

127 NORTH DRIVE

Suite, Apt. #, etc.

K

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

32934

Country

USA

Zip

32934

Country

USA

200021616342

07/17/03--01018--009 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

11-5-01

5. FEI Number

59-3754718

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

SALVATORE S. MADAVVARI

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

276 ODOMS MILL BLVD

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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

7/11/03

7-11-03

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list all officers and directors)

Titles	Name of Officers and/or Directors	Address of Each Officer and/or Director		City / State / Zip
		Street	City / State / Zip	
PRES	RICHARD PASCALE	127 NORTH DRIVE STE K	MELBOURNE FL 32934	

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:

*[Signature]*

Richard Pascale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/11/03

Daytime Phone #

*[Signature]*  
Richard Pascale

7/11/03  
212 2/1

CR2E081 (10/02)

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P1000106604**  
1. Entity Name  
**Biotechnology Medical Waste Transfers, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**727 NORTH DRIVE**  
Suite, Apt. #, etc.  
**K**  
City & State  
**MELBOURNE FL**  
Zip  
**32934** Country  
**USA**

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
**SAME**  
City & State  
**SAME**  
Zip  
**SAME** Country  
**SAME**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3754718**  
Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Salvatore Madaffari**  
Street Address (P.O. Box Number is Not Acceptable)  
**376 Odums Mill Blvd**  
City  
**Ponte Vedra Bch FL** Zip Code  
**32082**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (Signature, typed or printed name of registered agent, and type if applicable) (If not, Registered Agent signature required when reinstating)

DATE **2/13/03**  
**2-11-03**

January 1 - May 1 Fee is \$180.00  
After May 1, Fee is \$600.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES  
RICHARD PASCALE  
727 North Dr, Ste K  
MELBOURNE FL 32934**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Richard Pascale** 2/13/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P101000106604



Biotechnology Medical Waste Transfers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

727 NORTH DRIVE

3. Mailing Address

Suite, Apt. #, etc.

K

Suite, Apt. #, etc.

City & State

FL SAME

City & State

MELBOURNE

Zip 32934

Country

USA

Zip

Country

4. FEI Number

54-375418

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Salvatore Madaffari

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

276 ODOMS MILL BLVD

City

Ponte Vedra Bch

FL

Zip Code

32082

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 18 03

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$50.00

Amended UBRs \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PRES  
RICHARD PASCALE  
727 NORTH DRIVE STE K  
MELBOURNE FL 32934

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

COPY

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SIGNATURE:

Richard Pascale

Richard Pascale

Date

2/13/03

Daytime Phone #

Richard Pascale

Feb 03

2/14/03

CR2E034B (12/02)

1484 M1137 6/03

Coastal

30.00

BIOTECHNOLOGY MEDICAL WASTE TRANSFERS, INC.  
DBA BIOTECH MEDICAL WASTE TRANSPORTERS  
727 NORTH DRIVE  
MELBOURNE, FL 32934

Coastal Cape

Admiralty Bank

⑈001484⑈ ⑆067012882⑆ 150132255⑈

NOT NEGOTIABLE

1484

2-6-03

30.00

1485

2-6-03  
Riverside

400.00

BIOTECHNOLOGY MEDICAL WASTE TRANSFERS, INC.  
DBA BIOTECH MEDICAL WASTE TRANSPORTERS  
727 NORTH DRIVE  
MELBOURNE, FL 32934

Riverside  
2000 Riverside Rd

Admiralty Bank

⑈001485⑈ ⑆067012882⑆ 150132255⑈

NOT NEGOTIABLE

1485

2-6-03

400.00

1486

2/13/03  
Florida Dept of State

Annual Rpt Reinst

Doc # P010000004

BIOTECHNOLOGY MEDICAL WASTE TRANSFERS, INC.  
DBA BIOTECH MEDICAL WASTE TRANSPORTERS  
727 NORTH DRIVE  
MELBOURNE, FL 32934

Florida Dept of State  
Chief Clerk & Co

Admiralty Bank

⑈001486⑈ ⑆067012882⑆ 150132255⑈

NOT NEGOTIABLE

1486

Feb 13-03

300.00

**Salvatore S. Madaffari & Co.**  
**Accountants, Auditors and Tax Preparers**  
**276 Odom's Mill Blvd**  
**Ponte Vedra Beach, Fl. 32082**  
**Tele (904) 285 3547**  
**Cell (904) 501 4679**  
**Fax (904) 285 7553**

July 11, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re. Biotechnology Medical Waste Transfers, Inc.

Document # P010006604

*In response to my recent conversation with one of your representatives please find the following documents. A resigned and re-dated Corporate Reinstatement application along with resigned and re-dated Annual Business Reports for the years 2002 & 2003. Please note these documents had been originally submitted on February 13, 2003 and mailed to your P.O. Box 6327 address in Tallahassee. Additionally we have supplied a copy of our check register indicated our check # 1486, Payable to the State of Florida Department of State in the amount of \$ 300.00 also dated February 13, 2003. Based on my conversation with your representative it has become evident that these documents have not been processed, therefore we are resubmitting this application, Annual Reports and applicable fees. We have been advised to direct this resubmission to your Courier Service Address, 409 East Gaines Street in Tallahassee. Additionally we have submitted these documents via Certified Mail to insure delivery. I trust this request for Reinstatement will be handled promptly and the Corporation be returned to active status.*

*Thanking you in advance for your consideration and cooperation in bringing this matter to a prompt and favorable conclusion. We await your response.*

Sincerely,



Salvatore S. Madaffari

SM/bm

Encl.

CC: Biotech