

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000007375

1. Corporation Name
BIO X PRODUCTIONS, INC.

05 AUG 26 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

1086 W SHORE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

1086 W SHORE DR

Suite, Apt. #, etc.

City & State

WPB FL

City & State

WPB FL

Zip

33406

Country

US

Zip

33406

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 14 2002

5. FEI Number

80-0028875

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

SHARON WILLIAMSON

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

1086 W SHORE DRIVE

Suite, Apt. #, Etc.

200059384422

03/07/05--01016--028 ##450.10

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

Sharon Williamson

REGISTERED AGENT MUST SIGN

Date 8/25/05

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	STEPHEN B WILLIAMSON	1086 W SHORE DRIVE	WEST PALM BEACH FL 33406
D	SHARON M WILLIAMSON	1086 W SHORE DRIVE	WEST PALM BEACH FL 33406

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:

Sharon M Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/05

Date

561 951-3360

Daytime Phone #

2082

Stephen and Sharon Williamson
1086 W Shore Drive West Palm Beach FL 33406

August 25, 2005

To Whom It May Concern:

This letter is in reference to reinstating our Coporation known as "Bio X Productions, Inc.." Please allow us to waive the reinstatement fee because we have not received any forms or notices from 2003 until the present time.

I have enclosed a check for the amount of \$450.00 to reinstate our company.

Thank You for your consideration.

Sincerely,



Sharon Williamson

Phone 561-951-3360

Fax 561-968-5851