

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 27 AM 10:25

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000049104

1. Corporation Name  
BIOMEDPROBES, INC.

2. Principal Office Address  
2136 SW 106 th Dr.  
Suite, Apt. #, etc.

3. Mailing Office Address  
2136 SW 106 th Dr  
Suite, Apt. #, etc.

City & State  
Gainesville, FL 32607  
Zip Country  
32607 Alachua

City & State  
Gainesville, Florida  
Zip Country  
32607 Alachua

4. Date Incorporated or Qualified  
To Do Business in Florida 04/28/2003

5. FEI Number  
651194638

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  
TAN, WEIHONG

Street Address (P.O. Box Number is Not Acceptable)  
2136 SW 106 th Drive, Gainesville

Suite, Apt. #, Etc.

City  
Gainesville

State Zip Code  
FL 32607

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

REGISTERED AGENT MUST SIGN

Date

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
S/P	CHEN, WEIJUN	2136 SW 106 th Drive	Gainesville, FL 32607
D	TAN, WEIHONG	Same	Same

500069445115  
04/04/06--01054--017 \*\*1050.00

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

3-22-2006

Date

352-846-2410

Daytime Phone #