

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN -2 AM 8:35

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000098041

1. Entity Name
DERMAL SCIENCE CORPORATION



Principal Place of Business
~~13675 LITTLE HARBOR CT.~~
~~JACKSONVILLE, FL 32225~~ US

Mailing Address
~~13675 LITTLE HARBOR CT.~~
~~JACKSONVILLE, FL 32225~~ US

2. Principal Place of Business
2604-1 POWERS AVE
Suite, Apt. #, etc.

3. Mailing Address
9273 WATERGLEN LN
Suite, Apt. #, etc.



12272006 REIN-P CR2E098 (11/05)

City & State
JACKSONVILLE, FL
Zip
32207
Country
USA

City & State
JACKSONVILLE, FL
Zip
32256-9617
Country
USA

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACK, ROBERT H
~~13675 LITTLE HARBOR CT.~~ 9273 WATERGLEN LN
~~JACKSONVILLE, FL 32225~~ JACKSONVILLE, FL
32256

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 *Robert H. Black* ROBERT H. BLACK 12/27/2006
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BLACK, ROBERT H	
STREET ADDRESS	13675 LITTLE HARBOR CT.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ROBERT H.	
STREET ADDRESS	9273 WATERGLEN LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H. Black* ROBERT H. BLACK 904-568-5823
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #