

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB -7 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000155364

1. Corporation Name

BIO TECH LEVEL 3 INC.

2. Principal Office Address - No P.O. Box #

20444 Trilby Cutoff

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 819

Suite, Apt. #, etc.

City & State

dade City FL

Zip

33523

Country

USA

City & State

TRILBY FL

Zip

33593

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11-23-2005

5. FEI Number

20-3904508

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

Patricia A Stone

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

20432 Trilby Cutoff Rd

Suite, Apt. #, Etc.

City

Dade City

State

FL

Zip Code

33523

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Patricia A. Stone

Date 2/4/08

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
Pres	Robert L. STONE JR.	20432 Trilby Cutoff Rd	Dade City, FL 33523
VP	KARL FRITZLER	20432 Trilby Cutoff Rd	Dade City FL 33523
T&SE	PATRICIA STONE	20432 Trilby Cutoff Rd	dade City, FL 33523

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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:

PATRICIA A. STONE  
Patricia A. Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

Date

352-583-4596

Daytime Phone #