

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 15 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P12000099870**

1. Corporation Name

Biovis Pharmaceutical Solutions

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

49 N. Federal Hwy #350

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

33062

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/12

5. FET Number

46-1519672

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

Lawrence Blacke

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

3326 NE 33rd ST

Suite, Apt. #, Etc.

City

State

Zip Code

Ft. Lauderdale

FL

33308

500259068715
04/15/14--01028--020 **750.00

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

Lawrence Blacke

Date **4/8/14**

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
PS	JOHN M. Bayliss	49 N. FEDERAL HWY #350	Pompano Bch FL 33062

RECEIVED

2014

10. E-mail Address: **LAWRENCE@LAWRENCEBLACKE.COM**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

JOHN M. Bayliss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-14

Date

305 766 3235

Daytime Phone