

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR 12 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000021887**

1. Corporation Name

OSIRIS LTD., Inc.

2. Principal Office Address

2509 BLUE BALL PL

Suite, Apt. #, etc.

3. Mailing Office Address

2509 BLUE BALL PL

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32308

Country

LBON

City & State

TALLAHASSEE FL

Zip

32308

Country

LBON

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 1993

5. FEI Number

59-3175989

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

Mrs. Mary Conlin

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

236 HAMMOND DR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

000005257230--2

-04/12/02--01048-024

***300.00 ***300.00

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

Mary Conlin

REGISTERED AGENT MUST SIGN

Date

Mar. 11 2002

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
P/S	JEFFREY RAKOW	2509 BLUE BALL PL	TALLAHASSEE FL 32308
V	MARY CONLIN	236 HAMMOND DR	TALLAHASSEE FL 32312
T	JOE CONLIN	236 HAMMOND DR	TALLAHASSEE FL 32312

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:

JEFFREY RAKOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/08/02 850-902-7039

Daytime Phone #

CR2E081 (9/01)