

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000012882**

1. Corporation Name

BIOTECH MARKETING, INC.

Principal Place of Business

**3300 PINEWALK DR N
SUITE 1918
MARGATE FL 33063**

Mailing Address

**3300 PINEWALK DR N
SUITE 1918
MARGATE FL 33063**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6261 W. ATLANTIC BLVD

Suite, Apt. #, etc.

214

City & State

MARGATE FL

Zip

33063

Country

BROWARD

3. New Mailing Office Address, If Applicable

6261 W. ATLANTIC BLVD

Suite, Apt. #, etc.

214

City & State

MARGATE FL

Zip

33063

Country

BROWARD

REINSTATEMENT

97-99

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1995

5. FEI Number

65-0559804

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D/O	BRADBURY, ANITA L	3300 PINEWALK DR N SUITE 1918	MARGATE FL 33063
	NAME CHANGE	ADDRESS CHANGE	
D	HENRY, LLOYD G	3300 PINEWALK DR N SUITE 1918	MARGATE FL 33063
		ADDRESS CHANGE	
P	HENRY, ANITA L.	6261 W. ATLANTIC BLVD, SUITE 214	MARGATE FL 33063
VP	HENRY, LLOYD G.	6261 W. ATLANTIC BLVD, SUITE 214	MARGATE FL 33063

8. Name and Address of Current Registered Agent

**BRADBURY, ANITA L
3300 PINEWALK DR N
SUITE 1918
MARGATE FL 33063**

9. Name and Address of New Registered Agent

Name

HENRY, ANITA L.

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

6261 W. ATLANTIC BLVD

Suite, Apt. #, Etc.

214

City

MARGATE

State

FL

Zip Code

33063

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Anita L Henry

REGISTERED AGENT MUST SIGN

Date: 2/23/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Lloyd G. Henry, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

820-413-6801