

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 16 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028095

1. Corporation Name

Collagenesis, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
3863 N.W. 53rd Street

3. New Mailing Office Address, If Applicable
3863 N.W. 53rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Boca Raton, Florida

City & State
Boca Raton, Florida

Zip
34960

Country
U.S.A.

Zip
34960

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **April 7, 1995**

5. FEI Number
65-0571987

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Louis Frisina	125 Nagog Park	Acton, MA 01710
T	Timothy Keenan	c/o Associated Venture Management Corp. 477 Madison Avenue	New York, NY 10022
S	Alan I. Annex	Camby Karlinsky & Stein LLP 1740 Broadway, 16th Floor	New York, NY 10019
C	Joel Magerman	c/o Associated Venture Management Corp. 477 Madison Avenue	New York, NY 10022
D	Selig A. Zises	c/o Associated Venture Management Corp. 477 Madison Avenue	New York, NY 10022
D	Steven Fagien	Boca Raton Center for Sight & Ophthalmic Plastic Surgery 1000 N.W. 9 Court, Suite 104	Boca Raton, FL 33486

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name CT Corporation
	Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road
	Suite, Apt. #, Etc. 300002459693-1
	City Plantation

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date **3/16/98**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Alan I. Annex

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN I. ANNEX SECRETARY

3-18-98 212 977-6600

Date

Daytime Phone #

CR2E040 (12/96)