

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # P95000029233

1. Corporation Name

Biosphere Property Management

700004785477--6

-01/22/02--01020--004

****300.00 ****300.00

2. Principal Office Address

3810 75th St. W

3. Mailing Office Address

3810 75th St. W.

Suite, Apt. #, etc.

#112

Suite, Apt. #, etc.

#112

City & State

Bradenton, FL

City & State

Bradenton FL

Zip

34209

Country

USA

Zip

34209

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/13/95

5. FEL Number

593307309

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

Tony Almengual

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

3810 75th St. W. #112

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34209

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

Tony Almengual

Date 12-19-01

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
P	Tony Almengual	3810 75th St. W. #112	BRADENTON, FL. 34209

AD

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:

Tony Almengual

Tony Almengual

12/19/01

941-798-2027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)