

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000029233**

1. Corporation Name

BIOSPHERE PROPERTY MANAGEMENT, INC.

Principal Place of Business

~~3810 75TH ST. W.
#112
BRADENTON FL 34209
US~~

Mailing Address

~~3810 75TH ST. W.
#112
BRADENTON FL 34209
US~~

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 1303

City & State

HOLMES BCH. FL

Zip

34218

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

P.O. Box 1303

City & State

HOLMES BCH. FL

Zip

34218

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1995

5. FEI Number

59-3307309

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ALMENGUAL, ANTHONY	3810 75TH ST. W., #112	BRADENTON FL 34209

200009158332
11/21/02--01099--017 **150.00

8. Name and Address of Current Registered Agent

ALMENGUAL, ANTHONY
3810 75TH ST. W.
#112
BRADENTON FL 34209

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-18-02

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALMENGUAL 11-18-02 941-778-0554

Date

Daytime Phone #

CR2E040 (8/02)

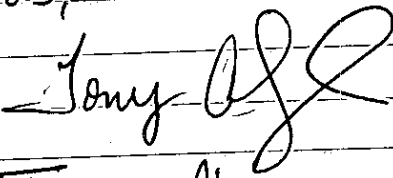
11-18-02

Biosphere Property Mgt
Tony Almengual
P.O. Box #1303
Holmes Bch, FL.
34218

To whom it may concern:

Due to a change in address the
two prior uniform business reports were not
received. Please mail further correspondence
to my new address. Also, please
accept this as notice for reinstatement
application and waive the reinstatement
fee. Please call me at 941-778-0554
if I can be of further assistance.

Regards,


Tony Almengual