

TEAR HERE

TEAR HERE

APPLICATION
FOR
REINSTATEMENT
FOR 96-97

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

APPROVED
AND
FILED

1997 AUG 21 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P95000049569

BIOCELL RESEARCH, INC.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

c/o Roger Besu, P. A.

Address

1925 Brickell Ave., #D-206

City and State

Miami, FL

Zip Code

33129

3. Date Incorporated or Qualified
To Do Business in Florida

6/26/95

4. FEI Number

☒ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
Pres. & Sec'y. Direct.	Miguel Salem Kronfle	c/o Roger Besu, Esq. 1925 Brickell Ave., D-206	Miami, FL 33129
Vice- Pres.	James Jalil Homero H. Lopez-Saud	545 Madison Avenue 1925 Brickell Ave., #D-206	New York, NY 10022 Miami, FL 33129
Direct.	Dr. Arturo E. Bermudez Cedeno	Velez 911, 10m., Piso 14 Casillero 1088	Guayaquil, Ecuador South America
Direct.	Dr. Gonzalo A. Bermudez Cedeno	Same as above	Same as above
REINSTATEMENT			

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☒ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

ROGER BESU, ESQ.
1925 Brickell Ave., D-206
Miami, FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

FL.

Zip Code

8. 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

Roger Besu

REGISTERED AGENT MUST SIGN

Date

8/14/97

9. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Miguel Salem Kronfle

Date

8/14/97

Phone #

(305) 854-6363

Typed or printed name of signing officer or director

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee
required for a