

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053188

1. Corporation Name

ViviCells International, Inc.

2. Principal Office Address - No P.O. Box #

2142 Ashland Avenue

3. Mailing Office Address

2142 Ashland Avenue

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

Suite #2

City & State

Evanston, IL

City & State

Evanston, IL

Zip

60201

Country

US

Zip

60201

Country

US

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/1995

5. FEI Number
65-0596319

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

Fred J Fitzsimmons

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

11327 Wingfoot Drive

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

REINSTATEMENT
2010

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

Fred J. Fitzsimmons

REGISTERED AGENT MUST SIGN

Date

12/27/10

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
C,P,D	Fred J Fitzsimmons	2142 Ashland Avenue, Ste 2	Evanston, IL 60201
V,D,T	Mark L Fitzsimmons	2142 Ashland Avenue, Ste 2	Evanston, IL 60201
V,D,S	Renee E Fitzsimmons	2142 Ashland Avenue, Ste 2	Evanston, IL 60201
			S. HAWKES
			DEC 30 2010
			EXAMINER

10. E-mail Address: f.fitzsimmons@vivicecells.com

(To be used for future annual report notification)

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. I further certify, 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:

Frederick J. Fitzsimmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/10 (847) 440-4400 X101

Daytime Phone #