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
96 DEC 27 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000065041

1 Corporation Name

FLORIDA RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
2930 SW 40TH AVENUE GAINESVILLE FL 32609	~~2930 SW 40TH AVENUE~~ ~~GAINESVILLE FL 32609~~

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

REINSTATEMENT 96a0

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 303C	
City & State		City & State St. Petersburg, FL	
Zip	Country	Zip 33711	Country

4. Date Incorporated or Qualified To Do Business In Florida 08/21/1995

5. FEI Number 59-3331797 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	~~CARDO, JOSE A~~ CROSBY, John A.	~~2930 SW 40TH AVENUE~~ 4780 DOLPHIN CAY LANE SUITE 303C	~~GAINESVILLE FL 32608~~ St. Petersburg, FL 33711
VD	GONZALEZ, CLARA	6335 SW 12TH STREET	MIAMI FL 33144
STD	CROSBY, ELENA I	4780 DOLPHIN CAY LANE SOUTH STE 303C	ST. PETERSBURG FL 33711
			200002042292--7 -12/31/96--01061--025 ****375.00 ****375.00
			200002042292--7 -12/31/96--01061--026 ******8.75 ******8.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CROSBY, ELENA I 4780 DOLPHIN CAY LANE SOUTH STE 303C ST. PETERSBURG FL 33711	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.

Signature of Registered Agent Elena Crosby — Date 9/23/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X]

(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: Elena Crosby — Date 9/23/96 — Daytime Phone # 813-866-2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)

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