

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

Page 1 of 2

1996 DEC 18 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088349

1. Corporation Name

CYTO MERIDIAN INC.

REINSTATEMENT 1996



700002005777--7

Principal Place of Business

Mailing Address

610 EDWARD FOULKE  
1717 GULF SHORE BLVD N #201  
NAPLES FL 33940

610 EDWARD FOULKE  
1717 GULF SHORE BLVD N #201  
NAPLES FL 33940

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

2. New Principal Office Address, If Applicable

5519 EIGHTH STREET, SW

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL.

Zip

33971

Country

3. New Mailing Office Address, If Applicable

5519 EIGHTH STREET SW

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL.

Zip

33971

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/17/1995

5. FEI Number

Not Applicable

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)

| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4. City / State / Zip                  |
|-------------|--------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|
| D           | CORNELL, PAUL                        | 1100 KAYMORE COUNTRY WATERFORD<br>2750 GULF SHORE BLVD N #201                          | REPUBLIC OF IRELAND<br>NAPLES FL 33940 |
| PRES.       | WARREN ROY                           | 1360 ARCHER ST #8                                                                      | LEHIGH ACRES FL 33972                  |
| V. PRES     | WHEELER ADRIAN                       | 5137 HEMINGWAY CIRCLE #3205                                                            | NAPLES FL 34116                        |
| D.          | CORNELL D.                           | 2750 GULF SHORE BLVD N #601                                                            | NAPLES FL 33940                        |
|             |                                      |                                                                                        |                                        |
|             |                                      |                                                                                        |                                        |

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

Signature of  
Registered Agent

Cassandra Antority

REGISTERED AGENT MUST SIGN

Date

11/14/96

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

(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.

MWB

SIGNATURE:

WARREN ROY, K. WARREN PRESIDENT

Date

11/14/96 9413611194.

Daytime Phone #

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0393 FAX

800-342-8086

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ACCOUNT NO. : 072100000032

REFERENCE : 155180 167668A

AUTHORIZATION : *Patricia Pugh*

COST LIMIT : \$ 375.00

ORDER DATE : November 14, 1996

ORDER TIME : 10:47 AM

ORDER NO. : 155180-005

CUSTOMER NO: 167668A

CUSTOMER: Mr. Paul A. Cornell  
Cyto Meridian Inc.  
5519 Eighth Street Sw

Lehigh Acres, FL 33971

APPROVED  
AND  
FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CYTO MERIDIAN INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~UNIDENTIFIED~~ *DANNY SMITH*  
EXAMINER'S INITIALS *JB*

*11-15-96*

RECEIVED  
96 NOV 15 AM 11:33  
DIVISION OF CORPORATION