

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000088349**

1. Corporation Name

CYTO MERIDIAN INC.

FILED

03 APR -3 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5519 EIGHTH STREET. SW
LEHIGH ACRES FL 33971

Mailing Address

5519 EIGHTH STREET. SW
LEHIGH ACRES FL 33971

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1995

5. FEI Number

65-0635987

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	4 City / State / Zip
D	CORNELL, PAUL	2750 GULFSHORE BLVD. N, #601	NAPLES FL 34104
V	WARNER, ROY	1376 ARCHER ST. #8 2255 8th Place	LEHIGH ACRES FL 33971
VP	MICHELL, ADRIAN	5137 HEMINGWAY CIRCLE, #3203 6618 Cuthy SirkLn.	NAPLES FL 34110 34104
P	MICHELL, J.A.	2152 PADGET CIR	NAPLES FL
			400015292844 04/03/03--01054--002 **943.75
			REINSTATEMENT 02-03 18

8. Name and Address of Current Registered Agent

BANFARS, ROBERT
205 E JOEL BLVD HD
LEHIGH ACRES FL 33972

9. Name and Address of New Registered Agent

Name

Minette Langston

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

119 Dueland Ave

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

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

Minette Langston
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

3/31/03

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:

Minette Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/03

Daytime Phone #

CR2E040 (8/02)