PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
*DIVISION OF CORPORATIONS*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # P96000094 86

**1.** Corporation Name

BEACON BIOLOGICALS, INC.

REINSTATEMENT 97-00

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 6004 Glendale Drive | 6004 Glendale Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Boca Raton, Florida 33433 | City & State: Boca Raton Fl. 33433 |
| Zip / Country | Zip / Country |

**4.** Date Incorporated or Qualified To Do Business in Florida: January 3, 1996

**5.** FEI Number: 65 - 0669036 ☐ 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: Kantilal K. Daya, MD : 6004 Glendale Drive, Boca Raton, Fl 33433

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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**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* _____ Date 7.11.00
REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| P | KANTILAL K DAYA, MD | 6004 GLENDALE DR. | BOCA RATON, FL. 33433 |
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**10.** 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. AD

**SIGNATURE:** _____ : Kantilal K.Daya,MD - CEO July 11,2000 954/234-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E081 (9/99)