PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000046458

REINSTATEMENT

1. Corporation Name
Florida Scientific Industries, Inc.

2. Principal Office Address	**3.** Mailing Office Address
760 Talleyrand Ave. Jacksonville, Fl. 32202	P.O. Box 350182 Jacksonville, Fl. 32235
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fl.	City & State: Jacksonville Fl
Zip: 32202 Country: Duval	Zip: 32235 Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3385237 ☐ 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: John K. Jeremiah

Street Address (P.O. Box Number is Not Acceptable): 12514 Turnberry Drive

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32225

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****750.00 ****750.00

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 10/02/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
President Treasurer Secretary	John K. Jeremiah	12514 Turnberry Drive Jacksonville, Fl. 32225	Jacksonville, Fl. 32225
Vice President	Donald LaBell	4571 Bannons Walk Ct Jacksonville, Fl. 32258	Jacksonville Fl 32258
Vice President operations	Charles Strickland	Rt 3 Box 7130 Ft. White, Fl. 32038	Ft. White Fl. 32038

AD

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.

SIGNATURE: _____ John K. Jeremiah 10/02/00 (904) 791-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #