

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067903

1. Corporation Name

SATORI INTERNATIONAL, INC.

Principal Place of Business

125 ANDOVER DR
JUPITER FL 33458
US

Mailing Address

125 ANDOVER DR
JUPITER FL 33458
US

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

2. New Principal Office Address, If Applicable

201 Anhinga Ln.
Suite, Apt. #, etc.
Jupiter, FL
City & State

3. New Mailing Office Address, If Applicable

201 Anhinga Ln.
Suite, Apt. #, etc.
Jupiter, FL
City & State

Zip 33458 Country U.S.A.

Zip 33458 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1996

5. FEI Number

59-3400384

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MIKE, JOHN M	125 ANDOVER DR 201 Anhinga	JUPITER FL 33458
SD	MIKE, SUSAN L	125 ANDOVER DR 201 Anhinga	JUPITER FL 33458

200023870642
10/17/03--01019--020 **150.00

8. Name and Address of Current Registered Agent

LACKMAN, PETER W
710 WEST BAY STREET
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name John Mike, m.d.
Street Address (P.O. Box Number is Not Acceptable)
201 Anhinga Ln
Suite, Apt. #, Etc.
City Jupiter State FL Zip Code 33458

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

John Mike, m.d.
REGISTERED AGENT MUST SIGN

Date 10/14/03

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:

John Mike, m.d. John Mike, m.d. 10/14/03 (561) 741-7318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



REINSTATEMENT 03

CR2E040 (7/03)

To Whom It May Concern:

The prior uniform business report notice was never received. The form listed an old address and we never received them: I have enclosed a copy of the mailing address received for the dissolution which is the correct address yet the inside address listed for the corporation is the old address.

We have corrected the form to reflect the new address and this will eliminate any future problems but we please ask that the reinstatement fee be waived because we never received the UBR notice. We have always paid the UBR on time.

Please let Ruby know that she has been very helpful in this process.

Thank you,

A handwritten signature in dark ink, appearing to read "John Mike, MD". The signature is fluid and cursive, with the letters "J", "M", and "D" being prominent.

John Mike, MD

President and CEO Satori International Inc.