

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # P96000091155

1. Corporation Name

BIO-SCAN, INC.

Principal Place of Business

Mailing Address

~~2330 N.E. 50TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~

~~2330 N.E. 50TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~



400009524534  
12/15/02--01061--001 \*\*150.00

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

2. New Principal Office Address, If Applicable

3907 N. Federal Hwy

3. New Mailing Office Address, If Applicable

3907 N Federal Hwy

Suite, Apt. #, etc.

#139

Suite, Apt. #, etc.

#139

City & State

POMPANO Bch, FL

City & State

POMPANO Bch, FL

Zip

33064

Country

BROWARD

Zip

33064

Country

BROWARD

4. Date Incorporated or Qualified  
To Do Business in Florida

11/04/1996

5. FEI Number

36-3278432

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
PSTD	BRUNS, JOHN A	2330 N.E. 50TH STREET 17627 123 <sup>RD</sup> Ter N	LIGHTHOUSE POINT FL 33064 JUPITER, FL 33478

8. Name and Address of Current Registered Agent

BRUNS, JOHN A  
~~2330 N.E. 50TH STREET~~  
~~LIGHTHOUSE POINT FL 33064~~

9. Name and Address of New Registered Agent

Name

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

17627 123<sup>RD</sup> Ter N.

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33478

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

*Signature*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/5/02

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: *Signature*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/02

Date

Daytime Phone #

954 471 0322

CR20040 (8/02)

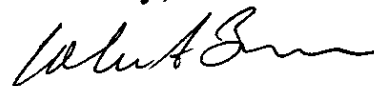
12/5/02

Re: Corp Reinstatement/ BioScan, Inc.

Dear Sirs,

This letter is attached to the application for corporate reinstatement for my company, BioScan, Inc. to state that my company did not receive prior UBR's because of a company address change. I have made the address corrections on this application for corporate reinstatement, and I respectfully request that the reinstatement fee be waived. I will be certain to notify the Division of Corporations should the company address change in the future. Thank you.

Sincerely,



John A. Bruns  
President  
BioScan, Inc.