PLEASE READ A	LL INSTRUCTIONS	BEFORE COMPLETI	ING THIS FORM.		
APPLICATION FOR		VT OF STATE	potation (control of the control of	/	
REINSTATEMENT	DIVISION OF CORPOR		97 NOV 19 PH to 21		
DOCUMENT # P96000103042					
1. Corporation Name TOXICOLOGY ECOLOGY RESEARCH RISK ASSESSMENT, IN C.			SECRETARY OF STATE TALLAHASSEE FLORIDA		
Incipal Place of Business Malling Address		(100))001 (1)	( (\$\dar{\text{0}}) \dar{\text{0}} \		
3812 BÖBBIN BROOK CIRCLE TALLASASSER PL 32312	3812 BOBRIN BROOK CIRCLE TALLASASSEE FL 32312				
If above addresses are incorrect in any way, line through New Principal Office Address, If Applicable	ugh incorrect information and enter of				
1709 Mahan Drive Sulte, Apt. #, etc.		4. Date incorp.	orated or Qualified less in Florida 12/23/1996		
Suite E	Suite E	5. FEI Number		plied For	
Tallahassee, FC	Tallahassee	6.	\$8.75 Additional	Fee required	
7. Names and Street Addresses of Each Officer and/o		<u>sn</u>	OF STATUS DESIRED for a Certificate	or Status	
Name of Officers Stre		eet Address of Each icer and/or Director te Post Office Box Numbers)	City / State / Zip		
D JAMES, ROBERT C	3812 BOBBIN BR		TALLASASSEE FL 32312		
VP Hahn, Douglas R 501 Blaire		stone Rd. Haaza	Tallahassee, FL 33	2301	
		10	1000023530511 -11/20/9701076003 ****165.00 ****165.00		
8. Name and Address of Current Re	ogistered Agent		ddress of New Registered Agent		
		Name Rainer Fran Street Address (P.O. Box Number i	er, Frank P.		
RUDEN, MCCNOSKY, SMITH ETAL 215 S MONROE, ST, SUITE 815		Sternstern - Rainer & Clark Sulte, Apt. #, Etc.		CP2E040 (8/97)	
TALLAHASSEE FD 32301 314 North			h Calhain Street		
10. I, being appointed the registered age of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				01	
Signature of Registered Agent Mark Caine	SISTERED AGENT MUST SIGN		Date 11/14/97		
11. This corporation owes or had Intangible Personal Property		Yes 🗌 No 🔯	(See other side for info on intangible 1/2.)	D	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolution owed by the corporation have been paid and the nation this application is true and accurate, and my sign	ition has been eliminated, the corpo mes of individuals listed on this form ature shall have the same legal effe	rate name satisfies the requirements n do not qualify for an exemption und of as if made under oath.	of section 607.0401 or 617.0401, F.S., that ler section 119.07(3)(i), F.S. The information	all fees in indicated	
SIGNATURE: Called James James 11/12/97 850-309-1330					

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November 12, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

We recently received a Notice of Administrative Dissolution or Revocation. This is the first year that Toxicology, Ecology, Research, Risk Assessment, Inc. has been in business. We did not receive our Annual Report for 1997 therefore it was never submitted to the state. Since it was our first year we were not aware of the dates nor were we aware that we had to file an Annual Report every year. Please consider waiving our penalty and reinstatement fees for this year. It is our understanding that fees cannot be waived in the future, therefore we will make a diligent effort to file the report within the appropriate time frames. Thank you for your assistance in this matter.

Sincerely,

Lisa M. Freitas Controller