

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000095930		FILED 99 MAR 11 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Health & Science Research Institute, Inc.			
Principal Place of Business 4251 Spruce Creek Rd. Ste. II-C Port Orange, FL 32127		Mailing Address 4251 Spruce Creek Rd. Ste. II-C Port Orange, FL 32127	
If above addresses are incorrect in any way, line through incorrect information and enter correction below			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip Country		Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 1-1-98	
		5. FEI Number 59-3999102	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Jeanne R. Graves	4251 Spruce Creek Rd Ste 20	Port Orange, FL 32127
D/M	Michael D. Graves	4251 Spruce Creek Rd., Ste 20	Port Orange, FL 32127
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HAROLD T. Hickey P.O. Box 211699 4251 Spruce Creek Rd Port Orange, FL 32129 Suite II-C		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc City State Zip Code	
Signature of Registered Agent [Signature]		Date 1-20-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: Michael D. Graves SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-20-99 Daytime Phone # 904-761-9211	