PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLIČATIÖN FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda F. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P98000052579**

1. Corporation Name

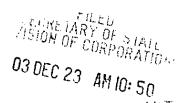
BIO-SOLUTIONS FRANCHISE CORP.

Principal Place of Business

Mailing Address

1161 JAMES STREET HATTIESBURG MS 39401 <u>-</u>

1161 JAMES STREET HATTIESBURG MS 39401



PEINSTATEMENT

If above a	addresses are incorrect in any way, line t	hrough incorrect	information ar	nd enter correction below.	91			
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 06/08/1998			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 SCINI webs.			
City & Stat	θ	City & State	City & State			Applied For Not Applicab		
Zip=	-Country	Zip		-Country	6. CERTIFICAT		5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer an	d/or Director (Fl	orida nongrafi	t cornorations must list at le	ast 3 directors)			
Title(s)	Name of Officers			Street Address of Each Officer and/or Director		City / State / Zip		
-P	ASHLEY, JOE_		-35-POWER LANE		HATTIESBURG-MS-39402			
P	ELWELL, LOU	1181 JAMES STREET			HATTIESBURG MS 39401			
P	Nolan W. Wac	Ille James St			Hattisburg, MS 39401			
-								
					SO 12/01/	00251281 0301073014	48 **750.00	
	8. Name and Address of Curren	t Registered Ag	ent		9. Name and	Address of New Registered A	Agent	
				Name	*·-		<u> </u>	
MINTMIRE & ASSOCIATES -				Street Address (P.O. Box Number	is Not Acceptable)		
265 SUNRISE AVE STE: 204				College TA and the Fa	Critic No. 1 CH. T.			
PALM BEACH FL.33480				Sulte, Apt. #, Etc.				
	700			City		State FL		
10. I, being	g appointed the registered agent of the al	pove named corp	oration, am fa	miliar with and accept the c	bligations of Sect	ion 607.0505, F.S. or 617.0505	i, F.S.	
Signature o Registered	of Agent Proud	J. W.	THE MUST S	I G		Date _ 12/19/18		
11. Logrify	that I am an officer or director or the rec	niver or truetee e	mnoward to	execute this application on	provided for in abo	enter 607 or 617. E.S. Livethor		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nolan W. Wade 11/18/03

601-582-4000

Daytime Phone #

CR2E040 (7/03)