

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 23 AM 10:50

DOCUMENT # **P98000052579**

1. Corporation Name

**BIO-SOLUTIONS FRANCHISE CORP.**

**REINSTATEMENT** 03

Principal Place of Business

Mailing Address

1161 JAMES STREET  
HATTIESBURG MS 39401

1161 JAMES STREET  
HATTIESBURG MS 39401



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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-2396752

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	ASHLEY, JOE	35 POWER LANE	HATTIESBURG MS 39402
P	ELWELL, LOU	1161 JAMES STREET	HATTIESBURG MS 39401
P	Nolan W. Wade	1161 James St	Hattiesburg, MS 39401

800025128148  
12/01/03--01073--014 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MINTMIRE & ASSOCIATES  
265 SUNRISE AVE STE 204  
PALM BEACH FL 33480

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Donald J. Mintmire*  
REGISTERED AGENT MUST SIGN

Date

12/19/03

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:

*Nolan W. Wade*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/03

Daytime Phone #

601-582-4000

CR2E040 (7/03)