

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000005090

1. Corporation Name

APPLIED GENETIC TECHNOLOGIES CORPORATION

Principal Place of Business

9837 SW 67TH DRIVE
GAINESVILLE FL 32608

Mailing Address

9837 SW 67TH DRIVE
GAINESVILLE FL 32608

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1999

5. FEI Number

59-355-3710

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MUZYCZKA, NICHOLAS	9837 SW 67TH DRIVE	GAINESVILLE FL 32608
D	FLOTTE, TERRENCE	2058 SW 72ND ST	GAINESVILLE FL 32608
D	BYRNE, BARRY	7902 SW 45TH LANE	GAINESVILLE FL 32608
D	HAUSWIRTH, WILLIAM W	12001 SW 89TH STREET	GAINESVILLE FL 32608
D	SAMULSKI, R. JUDE	102 DARLIN CIRCLE	CHAPEL HILL NC 27514
980003472559-9 -11/21/00--01052--015 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

MUZYCZKA, NICHOLAS
9837 SW 67TH DRIVE
GAINESVILLE FL 32608

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

Nicholas Muzycka **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/20/00

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:

Nicholas Muzycka **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00
Date

352-392-8541
Daytime Phone #

KE

CR2E040 (8/00)