

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 OCT 26 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014660

1. Corporation Name

WESS BIO-TECHNOLOGY INC.

Principal Place of Business

5215 RED BUG LAKE RD.  
SUITE 147  
WINTER SPRINGS FL 32708

Mailing Address

5215 RED BUG LAKE RD.  
SUITE 147  
WINTER SPRINGS FL 32708

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

02/15/1999

5. FEI Number

59-3583277

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T/D	MICHAEL A. WESS	249 RINGWOOD DR.	WINTER SPRINGS, FL 32708
S/D	SHARON M. WESS	249 RINGWOOD DR.	WINTER SPRINGS, FL 32708
			300003465443--1 -11/16/00--01008--007 ****750.00 ****750.00

REINSTATEMENT 2000

8. Name and Address of Current Registered Agent

WESS, MICHAEL A  
345 E. SR 436  
SUITE 101  
FERN PARK FL 32730

9. Name and Address of New Registered Agent

Name

PHILIP A. CARLIN

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

754 LAKE KATHERINE CIRCLE

Suite, Apt. #, Etc.

City

CASSABARY

State

FL

Zip Code

32207

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

*[Signature]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/23/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. WESS

Date

10/23/00 (407) 921-0907

Daytime Phone #