

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 14 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 99000015672**

1. Corporation Name

North Florida Research Institute, Inc.

2. Principal Office Address

3. Mailing Office Address

6440 W Newberry Rd

Suite, Apt. #, etc

Suite, Apt. #, etc.

Suite 410

City & State

City & State

Gainesville

Zip Country

32605 Alachua

REINSTATEMENT 07

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/99

5. FEI Number

59-3561416

Applied for
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Narayan Perinchery

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

6440 W Newberry Rd

Suite, Apt. #, Etc

Suite 410

City

Gainesville

800003782218-8

02/27/01-01053-005

******750.00 ****750.00**

800003782218-8

02/27/01-01053-006

******150.00 ****150.00**

State
FL

Zip Code

32605

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Narayan

REGISTERED AGENT MUST SIGN

Date **2/1/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dr	Narayan Perinchery	6440 W Newberry Rd.	Gainesville, FL 32605

10. 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:

Narayan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

Daytime Phone #