

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 21 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02102005 REIN-P CR2E098 (6/04) *MRS*

<b>DOCUMENT # P99000015672</b> 1. Entity Name <b>NORTH FLORIDA RESEARCH INSTITUTE, INC.</b>					
Principal Place of Business <b>3426 NW 43 ST SUITE B GAINESVILLE, FL 32606</b>			Mailing Address <b>3426 NW 43 ST SUITE B GAINESVILLE, FL 32606</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3561416</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PERINCHERY, NARAYAN DR 3426 NW 43 ST SUITE B GAINESVILLE, FL 32606</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; font-weight: bold;">REINSTATEMENT 04-05</div> City <b>FL</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Narayan</i></u> <span style="float: right;">Feb 11/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERINCHERY, NARAYAN 3426 NW 43 ST GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000047924870 03/08/05--01018--013 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Narayan</i></u> <span style="float: right;">Feb 11/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					