

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 15 PM 12:12

DOCUMENT #

P99000035890

1. Corporation Name

Magnus Bio-Medical Technologies, Inc.

2. Principal Office Address

911 NW 30th Ave

3. Mailing Office Address

P.O. Box 2708

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Ocala, FL

City & State Ocala, FL

Zip 34475

Country USA

Zip 34478

Country USA

REINSTATEMENT 00

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/19/1999

5. FEI Number
59-3582834

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

Mildred Arent

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

911 NW 30th Ave

Suite, Apt. #, Etc.

City

Ocala

State
FL

Zip Code
34475

8000003515088-9
-12/28/00--01008-005
****750.00 ****750.00

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

Date

12/4/2000

REGISTERED AGENT MUST SIGN

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
P	Mildred Arent	5101 NW Hwy 225A	Ocala, FL 34482
V	Gregory Butler	5101 NW Hwy 225A	Ocala, FL 34482
V	Sanford Brygider	3151 NW 44th Ave #40	Ocala, FL 34482

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: Mildred Arent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/2000

Daytime Phone #

352-629-9426

CR2E081 (9/99)