

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

00-02-0000

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 21 PM 3:10

DOCUMENT # P99000089579

1. Corporation Name

Biological Solutions, Inc.

2. Principal Office Address

6711 NE 20th Way
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33308

Country

USA

Zip

Country

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

10/11/99

5. FEI Number

65-0952226

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

Robert F. Mahoney

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

3801 N. Federal Hwy.

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33064

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****450.00 ****450.00

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

REGISTERED AGENT MUST SIGN

Date

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.	Stephanie Voris	6711 NE 20th Way	Ft. Lauderdale, FL 33308

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:

Stephanie Voris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 954-772-5398

Date

Daytime Phone #

CR2E081 (9/01)

March 8, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Biological Solutions, Inc.
P99-89579

Dear Sirs:

Enclosed please find the Reinstatement Report for the above noted organization. Per conversation with your office the corporation was dissolved in 2000 for failure to file annual report.

We did not receive the annual report.

We hereby submit the Reinstatement Application and the \$450 fee. Thank you for your assistance.

Very truly yours,

A handwritten signature in cursive script that reads "Stephanie Voris". The signature is written in dark ink and is positioned above the printed name and title.

Stephanie Voris
President