

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 FEB 27 PM 12:10

Read Instructions on Other Side Before Making Entries.
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # 519600**
*Micropure, Inc.
2840 WESTBAY DR. #212
Belleair Bluffs, FL.
33770*

2. If Address in Block 1 is not in Florida, enter the correct address below:
**FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
12/12/90

5. FEI Number

☒ FEI Number Applied For

☐ FEI Number Not Applicable

6. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED ☐

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>51C P/D</i>	<i>James A. Connell</i>	<i>2840 WESTBAY DR. #212 Belleair Bluffs, FL. 33770</i>	

REINSTATEMENT 91-97

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JB2-27-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

*JAMES A. Connell
2840 - West Bay Dr. #212
Belleair Bluffs, FL. 33770*

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

10. I, being appointed the registered agent of the abovenamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *James A. Connell*
REGISTERED AGENT MUST SIGN

Date *2/26/97*

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *James A. Connell*

Date *2/26/97*

Daytime Phone # *813-521-7506*

Typed or printed name of signing officer or director

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