

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S48651**

1. Corporation Name

**BIO CHEMICAL INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

4351 NW 12TH TERR  
FT. LAUDERDALE FL 33334  
US

4351 NE 12TH TERR.  
FT. LAUDERDALE FL 33334  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
**Nov 16, 2004 8:00 A.M.**  
**Secretary of State**



**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1991

5. FEI Number

65-0289576

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ACUNTO, JOHN P	4351 NE 12TH TERR	FT. LAUDERDALE FL 33334

600042801496  
11/16/04--01079--003 \*\*\$900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN P ACUNTO  
4351 NE 12TH TERR  
FT LAUDERDALE FL 33334

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-15-04

11. 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.

John P. Acunto President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-04

954-  
565-7080