

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # V18538

1. Corporation Name

GARROMEDIX, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 27 PM 1:04

Ac 1028

Principal Place of Business

6353 W. ROGERS CIR. #4
SUITE #4
BOCA RATON FL 33487
US

Mailing Address

6353 W. ROGERS CIR.
SUITE #4
BOCA RATON FL 33487
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

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0313101

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SPORN, IRWIN C.	17450 BRIDLEWAY TRAIL	BOCA RATON FL
D	GARROWAY, PHILIP T.	8000A SEVERN 2317 NW 67TH ST	BOCA RATON FL
D	SPORN, ROBERTA H.	17450 BRIDLEWAY TRAIL	BOCA RATON FL
D	GARROWAY, JAMIE	8000A SEVERN 2317 NW 67TH ST	BOCA RATON FL
			600002333086-7 -10/29/97--01107--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPORN, IRWIN C.
17450 BRIDLEWAY TRAIL
BOCA RATON FL 33487

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRWIN C. SPORN

Date

10/24/97

Daytime Phone #

361 413388

CR20040 (8/97)