


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V23167**

1. Corporation Name

**BIOQUATICS, INC.**

Principal Place of Business

150 STATE ROAD 419  
WINTER SPRINGS FL 32708

Mailing Address

150 STATE ROAD 419  
WINTER SPRINGS FL 32708

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/24/1992

5. FEI Number

59-3114728

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
D	WILLIAMS, JAMES L.	611 MAGNOLIA LANE	LAKE MARY FL
P	WILLIAMS, GAYL D	611 MAGNOLIA LANE	LAKE MARY FL 32746
VST	WILLIAMS, JAMES L	611 MAGNOLIA LANE	LAKE MARY FL 32746

300004670783-9  
-11/07/01--01050--001  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

WILLIAMS, JAMES L.  
150 STATE ROAD 419  
WINTER SPRINGS FL 32708

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

*James L. Williams*

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

*James L. Williams*

James L. Williams

10-11-01

407-327-1080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V. Pres.

Date

Daytime Phone #