

# F03000005043

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

\_\_\_\_\_  
(Business Entity Name)

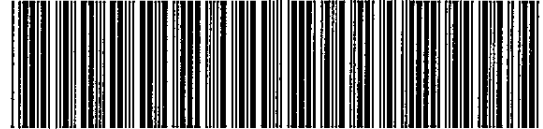
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Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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03 OCT - 1 PM 2:40  
TALLAHASSEE, FLORIDA

*hpc*

W03-28202  
J. BRYAN OCT - 1 2003



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 1, 2003

NICHOLAS STERGIS  
DEVELOPMENT THERAPEUTICS, INC.  
801 BRICKELL AVENUE, STE. 942  
MIAMI, FL 33131

SUBJECT: DEVELOPMENTAL THERAPEUTICS, INC.  
Ref. Number: W03000028202

We have received your document for DEVELOPMENTAL THERAPEUTICS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

To: Joey Bryan  
Document Specialist

Letter Number: 603A00054012

From: Melanie /CT 11:00 AM 10-9-03  
Please back-date this filing to Oct. 1, 2003

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

03 OCT -9 AM 11:18

RECEIVED

03 OCT -9 PM 2:40  
FILED  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IF COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA.*

1. **Developmental Therapeutics, Inc.**

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviation of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. **Delaware**

(State or country under the law of which it is incorporated)

3. **22-3779296**

(FEI number, if applicable)

4. **1/9/01**

(Date of incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **February 26, 2003**

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 AND 817.155, F.S.)

7. **801 Brickell Avenue, Suite 942  
Miami, Florida 33131**

(Current mailing address)

8. **To engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324  
(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.*

CT Corporation System

Conie Bryan *Conie Bryan, Special Asst Secy*  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Name and addresses of officers and/or directors: (Street address **ONLY** -P.O. Box **NOT** acceptable)

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**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

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Director: **Nicholas Stergis**  
Address: c/o Developmental Therapeutics, Inc.  
801 Brickell Avenue, Suite 942  
Miami, Florida 33131

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Director: **Steve H. Kanzer**  
Address: c/o Developmental Therapeutics, Inc.  
801 Brickell Avenue, Suite 942  
Miami, Florida 33131

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**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

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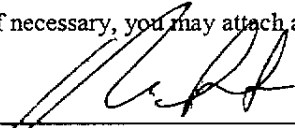
President: **Steve H. Kanzer**  
Address: c/o Developmental Therapeutics, Inc.  
801 Brickell Avenue, Suite 942  
Miami, Florida 33131

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Secretary: **Nicholas Stergis**  
Address: c/o Developmental Therapeutics, Inc.  
801 Brickell Avenue, Suite 942  
Miami, Florida 33131

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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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14. **Nicholas Stergis, Treasurer**  
(Typed or printed name and capacity of person signing application)

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OCT - 1 PM 2:40  
TALLAHASSEE  
FLORIDA

# Delaware

PAGE 1

*The First State*

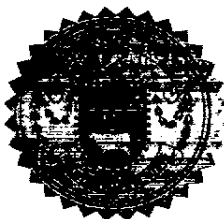
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEVELOPMENTAL THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF OCTOBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DEVELOPMENTAL THERAPEUTICS, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED  
OCT 7 2003  
PM 2:40  
DELAWARE SECRETARY OF STATE



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3340175 8300

AUTHENTICATION: 2675475

030643952

DATE: 10-07-03