

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 21 PM 2:22

DOCUMENT # **PO1000036917**

1. Corporation Name
BETA PHARMACEUTICAL CORP.

2. Principal Office Address
1820 N CORPORATE LAKES BLVD

3. Mailing Office Address
Suite, Apt. #, etc.
... SAME

Suite, Apt. #, etc.
303
City & State
WESTON, FL

Zip
33326
Country
USA

Zip
Country

200024048442
10/23/03--01052--007 **150.00

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number **65-1094963**
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **DIEGO L. RESTEPO, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
547 MAJORA AVENUE
Suite, Apt. #, Etc.
City **CORAL GABLES** State **FL** Zip Code **33134**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent **Diego Restepo** Date **10-14-03**
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ST	VALLEJILLA, CARLOS A	1820 N. CORPORATE LAKES BLVD SUITE # 303	WESTON, FL. 33326
DP	GOMEZ, JOSE G	1820 N. CORPORATE LAKES BLVD SUITE # 303	WESTON, FL. 33326
DVP	NELEZ, JULIO A	1820 N. CORPORATE LAKES BLVD SUITE # 303	WESTON, FL. 33326
S	LOURDES M. BOEGER	1820 N. CORPORATE LAKES BLVD SUITE # 303	WESTON, FL. 33326

10. 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]** Date **(954) 384-8354**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E061 (10/02)

Diego L. Restrepo, Esq., CPA
Attorney at Law
Certified Public Accountant

Member:

Florida Bar Association

547 Majorca Avenue
Coral Gables, Florida 33134

Telephone: (305) 447-9430
Telefax: (305) 448-5541

E-Mail: dr6910@bellsouth.net

Member:

Florida Institute of Certified
Public Accountants

October 15, 2003

Certified Mail Return Receipt Requested
No. 7002 0460 0000 3901 1591

Ms. Eula Peterson
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

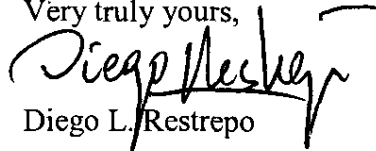
RE:	Taxpayer:	Beta Pharmaceutical Corp.
	Florida No.:	P01000036917
	FEIN:	65-1094963
	Form:	Reinstatement Form

Dear Ms. Peterson:

Pursuant to our telephone conversation today, enclosed please find the reinstatement form for the corporation of the reference. I also enclosed a check in the amount of \$150 payable to the Department of State to cover the filing fee. As I stated to you, a Uniform Business Report for the current year was never received at the mailing address of the corporation.

Thank you for your help in connection with this matter. Should you have any questions, please do not hesitate to contact me at (305) 447-9430.

Very truly yours,


Diego L. Restrepo

Enclosures

cc: Mr. Jose Guillermo Gomez (w/ enclosures)