



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

1999 JAN 14 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>APPLICATION FOR REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000040071 1. Corporation Name VITAL PHARMACEUTICALS, INC.			
Principal Place of Business 6573 Stirling Road Ft. Lauderdale, FL 33314		Mailing Address 6573 Stirling Road Ft. Lauderdale, FL 33314	
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 5/07/96	
		5. FEI Number 65-0668430	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	John H. Owoc	6573 Stirling Road	Ft. Lauderdale, FL 33314
P	Darlene Lusak	6573 Stirling Road	Ft. Lauderdale, FL 33314
<b>REINSTATEMENT '98-'99</b>			
SCC 1-14-99			
8. Name and Address of Current Registered Agent John H. Owoc 6573 Stirling Road Ft. Lauderdale, FL 33314		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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: Jan 11, 1999			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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 007 or 017, 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)(b), 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: 		Date: Jan. 11, 1999 (954) 797-9759 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John H. Owoc, Director			

JAN-14-1999 THU 11:10 AM

BERMAN, WOLFE&RENNERT

FAX NO. 3053736036

P. 02/05

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4004

From:

Account Name : BERMAN WOLFE & RENNERT, P.A.  
Account Number : 076103002011  
Phone : (305) 577-4166  
Fax Number : (305) 373-6036

**CORPORATION REINSTATEMENT**

**VITAL PHARMACEUTICALS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00