

**2022 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F17000005268

**Entity Name:** SPACEPHARMA, INC.

**Current Principal Place of Business:**

505 ODYSSEY WAY  
SUITE 300 LAB 131  
EXPLORATION PARK, FL 32953

**Current Mailing Address:**

505 ODYSSEY WAY  
SUITE 300 LAB 131  
EXPLORATION PARK, FL 32953 US

**FEI Number:** 81-2712026

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BRAUN, ORI  
C/O SMITH, GAMBRELL & RUSSELL, LLP  
50 N LAURA STREET, SUITE 2600  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ORI BRAUN

03/11/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN/PRESIDENT  
Name AEBI, MARTIN  
Address 505 ODYSSEY WAY  
SUITE 300 LAB 131  
City-State-Zip: EXPLORATION PARK FL 32953

Title V-CHAIRMAN/VP/CEO  
Name YAMIN, YOSSO  
Address 505 ODYSSEY WAY  
SUITE 300 LAB 131  
City-State-Zip: EXPLORATION PARK FL 32953

Title SECRETARY/VP  
Name BRAUN, ORI  
Address 505 ODYSSEY WAY  
SUITE 300 LAB 131  
City-State-Zip: EXPLORATION PARK FL 32953

Title TREASURER  
Name MAIMON, ASHER  
Address 505 ODYSSEY WAY  
SUITE 300 LAB 131  
City-State-Zip: EXPLORATION PARK FL 32953

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ORI BRAUN

VP

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date