

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003865

## 1. Corporation Name

UNITED STATES PHARMACEUTICAL GROUP, INC.

## 2. Principal Office Address

2500 WESTON ROAD

## 3. Mailing Office Address

SAME

## Suite, Apt. #, etc.

401

## Suite, Apt. #, etc.

## City &amp; State

WESTON, FLORIDA

## City &amp; State

## Zip

33331

## Country

USA

## Zip

## Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/23/01

## 5. FEI Number

56-1122695

## Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

01-02

## 7. Name and Address of Current Registered Agent

## Name

ROBERT E. GREGG

## Street Address (P.O. Box Number Is Not Acceptable)

2500 WESTON ROAD

## Suite, Apt. #, Etc.

401

## City

WESTON

## State

FL

## Zip Code

33331

## 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

REGISTERED AGENT MUST SIGN

Date 12/02/2002

## 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
PCD	ROBERT E. GREGG	2500 WESTON ROAD, SUITE 401	WESTON, FLORIDA 33331

9000009350169

12/04/02 01015-006 \*\*300.10

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/02

Date

954-385-3231

Daytime Phone #