


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -6 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT # F02000003682

1. Corporation Name

LIPOBAN (BAHAMAS) LTD. CORPORATION

2. Principal Office Address

CHARLOTTE HOUSE

Suite, Apt. #, etc.

CHARLOTTE & SHIRLEY STREETS

City & State

NASSSAU

Zip

Country

BAHAMAS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified

To Do Business in Florida 7/7/02

5. FEI Number

☒ 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

RICHARD J. ALAN CAHAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

121 ALHAMBRA PLAZA

Suite, Apt. #, Etc.

SUITE 1000, 10TH FLOOR

City

CORAL GABLES

State

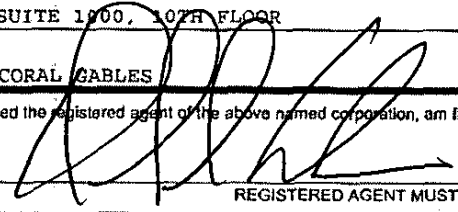
FL

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



REGISTERED AGENT MUST SIGN

Date MARCH 31, 2004

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
CPS	BUSINESS MANAGEMENT LTD	CHARLOTTE HOUSE, CHARLOTTE & SHIRLEY STREETS	NASSAU, BAHAMAS

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: Adrian Crosbie-Jones / Charlene Y. Wells-Storr March 31, 2004 242-323-8574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Authorized Signatories

CR2E081 (10/02)