FILED
09 OCT 20 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 08-09

CR2E061 (12/08)

DOCUMENT # F05000005189

1. Corporation Name

Cinnedeu Biotech, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5915 Landerbrook Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
301			
City & State		City & State	
Mayfield Heights, Ohio			
Zip	Country	Zip	Country
44124	USA		

4. Date Incorporated or Qualified To Do Business in Florida 9/7/2005

5. FEI Number 33-0747308 ☐ 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Renee Cruz, Asst. Secretary
REGISTERED AGENT MUST SIGN
Date 10-20-09

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
Pres.	Andrew Lefkowitz, Director	5915 Landerbrook Drive	Mayfield Heights, Ohio 44124
Sec.	John Huff	5915 Landerbrook Drive	Mayfield Heights, Ohio 44124
Dir	Sean Farmer	4649 NW 36th Street	Miami Springs, Florida 33166
Dir	Edward Mettelman	562 Monterey Avenue	Pelham, New York 10803

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: ____________ 10-20-2009 440.229.5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2052

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

GANEDEN BIOTECH, INC.

Certificate of Status	0
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