Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
TIGRIS PHARMACEUTICALS, INC.

Certificate of Status	0
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12 MAR -6 AM 11:20

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000001040

1. Corporation Name
Tigris Pharmaceuticals, Inc.

REINSTATEMENT 11-12

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3359 Woods Edge Circle	
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.
City & State Bonita Springs, FL	City & State
Zip 34134 / Country USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 02/16/2006

5. FEI Number 83-0420434 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Edmundo Muniz

Street Address (P.O. Box Number is Not Acceptable): 3359 Woods Edge Circle

Suite, Apt. #, Etc.: Suite 103

City: Bonita Springs / State: FL / Zip Code: 34134

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 _____ Date 3/5/12

REGISTERED AGENT MUST SIGN

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
Director	Neil W. Flanzraich	3359 Woods Edge Circle, Suite 103	Bonita Springs, FL 34134
Director	Peter M. Kash	3359 Woods Edge Circle, Suite 103	Bonita Springs, FL 34134
Director/ Secretary	Joshua A. Kazam	3359 Woods Edge Circle, Suite 103	Bonita Springs, FL 34134
Director/ President/CEO	Edmundo Muniz, MD, PhD	3359 Woods Edge Circle, Suite 103	Bonita Springs, FL 34134
VP Operations	Alexander Mironov	3359 Woods Edge Circle, Suite 103	Bonita Springs, FL 34134

10. E-mail Address: emuniz@kiraxcorp.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Edmundo Muniz, President/CEO 3/5/12 (239) 444-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H12000059393 3

MAR 6 2012

A. DUNLAP