

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

002131.162669

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
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

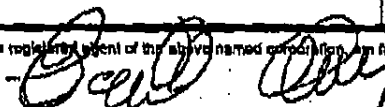
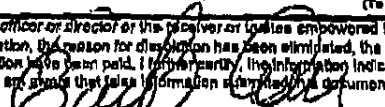
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT 11-12 CR28061 (11/10)	
DOCUMENT # F06000001040 1. Corporation Name Tigris Pharmaceuticals, Inc.					
2. Principal Office Address - No P.O. Box # 3359 Woods Edge Circle Suite, Apt. #, etc. Suite 103 City & State Bonita Springs, FL Zip 34134		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 02/16/2008 5. FEI Number 83-0420434 6. ☒ CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 507.0806 or 617.0803, 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)					
Title	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@kixcorp.com (To be used for future annual report notification)					
11. I certify that I am an officer or director of the corporation or licensee empowered to execute this application as provided for in chapter 507 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 507.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify that 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 furnished on a document to the Department of State constitutes a third degree felony as provided for in s.817.133, F.S. SIGNATURE:  Edmundo Muniz, President/CEO Date 3/5/12 (239) 444-6401 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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