

F06000003986

Florida Department of State  
Division of Corporations  
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## To:

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## From:

Account Name : COMITER & SINGER, LLP  
Account Number : I20000000085  
Phone : (561) 626-4742  
Fax Number : (561) 626-4742

06 JUN - 7 PM 3:48

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## FOREIGN PROFIT/NONPROFIT CORPORATION

ABRIKA PHARMACEUTICALS, INC.

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06 JUN -7 PM 2:57

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PLEASE REPLY TO  
PALM BEACH GARDENS

DATE: June 7, 2006

TIME: 2:30 p.m.

OPERATOR SENDING FAX: Jennifer Sattler

TO: Brenda Tadlock  
Florida Department of State  
Division of Corporations

FROM: Alan H. Baseman, Esq.

FAX: 850-245-6030

RE: Abrika Pharmaceuticals, Inc.

NUMBER OF PAGES INCLUDING COVER SHEET: 5

**INSTRUCTIONS:**

Per our telephone conversation, attached is the foreign corporation registration for Abrika Pharmaceuticals, Inc. If you have any questions, please call me or Alan Baseman of my office.

Christy Swenson

Statement Required by U.S. Treasury Department. To the extent this message contains tax advice, the U.S. Treasury Department requires us to inform you that any advice in this facsimile is not intended or written by our firm to be used, and cannot be used by any taxpayer, for the purpose of avoiding any penalties that may be imposed under the Internal Revenue Code. Advice from our firm relating to Federal tax matters may not be used in promoting, marketing or recommending any entity, investment plan or arrangement to any taxpayer.

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**COMITER, SINGER & BASEMAN, LLP**  
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PLEASE REPLY TO  
PALM BEACH GARDENS

DATE: June 7, 2006

TIME: 4:50 p.m.

OPERATOR SENDING FAX: Jennifer Sattler

TO: Brenda Tadlock  
Florida Department of State  
Division of Corporations

FROM: Alan H. Baseman, Esq.

FAX: 850-245-6030

RE: Abrika Pharmaceuticals, Inc.

NUMBER OF PAGES INCLUDING COVER SHEET: 2

**INSTRUCTIONS:**

Per our telephone conversation, attached is the second page. If you have any questions, please contact me. Thank you.

Alan H. Baseman

Statement Required by U.S. Treasury Department. To the extent this message contains tax advice, the U.S. Treasury Department requires us to inform you that any advice in this facsimile is not intended or written by our firm to be used, and cannot be used by any taxpayer, for the purpose of avoiding any penalties that may be imposed under the Internal Revenue Code. Advice from our firm relating to Federal tax matters may not be used in promoting, marketing or recommending any entity, investment plan or arrangement to any taxpayer.

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H06000147981

ABRIKA PHARMACEUTICALS, INC.,  
a Florida corporation  
13800 NW 2<sup>nd</sup> STREET, SUITE 190  
SUNRISE, FL 33325

May 24, 2006

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ladies and Gentlemen:

I, Alan P. Cohen, the undersigned President of Abrika Pharmaceuticals, Inc., a Florida corporation which was voluntarily dissolved with the Florida Department of State, Division of Corporations on May 23, 2006 (the "Florida Corporation"), do hereby acknowledge that (i) the dissolution of the Florida Corporation will not be revoked; and (ii) the name of the Florida Corporation, Abrika Pharmaceuticals, Inc., is hereby released for use by Abrika Pharmaceuticals, Inc., a Delaware corporation.

Dated: June 1, 2006.

ABRIKA PHARMACEUTICALS, INC., a  
Florida corporation

By: 

Alan P. Cohen, President

H06000147981

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Abrika Pharmaceuticals, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/12/2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon filing with the Florida Department of State  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 13800 NW 2nd Street, Suite 190, Sunrise 33325  
(Principal office address)
- same as above  
(Current mailing address)
8. any and all lawful business  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: ACRAC, Inc.
- Office Address: 13800 NW 2nd Street, Ste 190  
Sunrise, Florida 33325  
(City) (Zip code)
10. Registered agent's acceptance:  
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
- [Signature]  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

06 JUN -7 PM 3:48

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director Alan Cohen

Chairman:

Address: 13800 NW 2nd Street, Ste 190, Sunrise, FL 33325

Director James Gale

Vice Chairman:

Address: 13800 NW 2nd St., Ste 190, Sunrise, FL 33325

Director: Richard Lehman

Address: 13800 NW 2nd St., Ste 190, Sunrise, FL 33325

Director: James New

Address: 13800 NW 2nd St., Ste 190, Sunrise, FL 33325

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

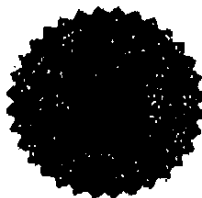
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABRIKA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2006.



4066501 8300

060450391

*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4742720

DATE: 05-12-06