


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005437

1. Corporation Name

BIOCHEM IMMUNOSYSTEMS (U.S.), INC.

2. Principal Office Address

754 ROBLE ROAD

Suite, Apt. #, etc.

Suite 70

City & State

ALBANY

Zip

PA

Country

USA

3. Mailing Office Address

SAME AS 2

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 9101

4. Date Incorporated or Qualified
To Do Business in Florida

November 30, 1993

5. FEI Number

232729830

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

900004715559-4

LS

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

Louise B. Smith

Date 12-7, 2001

REGISTERED AGENT MUST SIGN Louise B. Smith

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.	DR. ORLANDO ANTONINI	40033 CASALECCHIO DE' RENO	BOLOGNA, ITALY
V.P.	RICHARD D. ECKLOFF	754 ROBLE RD., SUITE 70	ALBANY, PA 18109
SEC.	CLAUDE LAMBERT	10900 HAMON STREET	MONTREAL, QUEBEC, CANADA

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:

Richard D. Eckloff

RICHARD D. ECKLOFF

11/27/01

(610) 264-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)



202

ACCOUNT NO. : 072100000032
REFERENCE : 558385 100890A
AUTHORIZATION : Patricia Figueira
COST LIMIT : \$ 1500.00

ORDER DATE : December 4, 2001

ORDER TIME : 9:57 AM

ORDER NO. : 558385-020

CUSTOMER NO: 100890A

CUSTOMER: Ms. Stacey Blicher
Biochem Immunosystems (u.s.),
Suite 70
754 Roble Rd
Allentown, PA 18109

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

BIOCHEM IMMUNOSYSTEMS (U.S.),
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____