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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004311

1. Corporation Name
LIFE SERA, INC.

2. Principal Office Address 5655 SPALDING DRIVE		3. Mailing Office Address S/A PRINCIPAL ADDRESS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORCROSS GA.		City & State	
Zip 30092	Country USA	Zip	Country

REINSTATEMENT 04
MRS

4. Date Incorporated or Qualified To Do Business in Florida 08/15/1997	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 58-2142226		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>\$8.75 Additional Fee for each certificate of status.</small>		

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
PLANTATION

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0506 or 817.0503, F.S.

Signature of Registered Agent *James M. Newsome* **JAMES M. NEWSOME** Date **11/2/04**
REGISTERED AGENT MUST SIGN **Special Assistant Secretary**

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
	SEE EXHIBIT A ATTACHED HERETO		

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 under section 119.07(3)(f), 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: *Wolfgang Ruessler* **WOLFGANG RUESSLER** Date **10/26/2004** Daytime Phone # **404-736-2705**

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EXHIBIT TO REINSTATEMENT
OF
LIFE SERA, INC.

Board of Directors

<i>John Manusu</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021
<i>Dr. C. Hari Nair</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021
<i>Dr. Wolfgang Ruesseler</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021

Officers

<i>John Manusu, Chairman</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021
<i>Dr. C. Hari Nair, Chief Executive Officer</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021
<i>Dr. Wolfgang Ruesseler, President and Secretary</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021
<i>Cynthia R. Tolman, Vice President</i>	736 Park North Boulevard, Suite 100, Clarkston, GA 30021

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

LIFE SERA, INC.

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