

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **F98000000066**

1. Corporation Name

U.S. PHARMACEUTICAL CORPORATION

Principal Place of Business

2401-C MELLON COURT
 DECATUR GA 30035

Mailing Address

2401-C MELLON COURT
 DECATUR GA 30035

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 2893
 Tucker, GA

30085-2893

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

01/05/1998

5. FEI Number

58-2234419

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	KREBS, ROSE M	3643 WINBROOKE LANE	TUCKER GA
T	KREBS, ROSE M	3643 WINBROOKE LN	TUCKER GA 30084
CSD	KREBS, PETER J	3643 WINBROOKE LANE	TUCKER GA
			600004641966--3 -10/18/01--01066--006 ***750.00 ***750.00
			REINSTATEMENT <u>01/11/98</u>

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

MARY R. ADAMS
 ASSISTANT SECRETARY

Signature of Registered Agent

Mary R. Adams

REGISTERED AGENT MUST SIGN

Date 10.15.2001

11. 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:

Peter J. Krebs (Peter J. KREBS)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2001
 Date

770-987-4745
 Daytime Phone #

CR2E040 (8/01)