

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F99000006097

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1. Corporation Name

INO THERAPEUTICS, INC.

Principal Place of Business

Mailing Address

6055 ROCKSIDE WOODS BLVD.
INDEPENDENCE OH 44131

6055 ROCKSIDE WOODS BLVD.
INDEPENDENCE OH 44131



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

34-1870854

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PALMER, ASHLEIGH W	54 OLD HIGHWAY 22	CLINTON NJ 08809
VD	STRAUBE, RICHARD C	54 OLD HIGHWAY 22	CLINTON NJ 08809
ST	LARKIN, ELIZABETH	54 OLD HIGHWAY 22	CLINTON NJ 08809
D	KALLSTER, LARS	AGA AB	181-81 LINDENGO SWEDEN
D	HARRYSON, TOMAS	AGA AB	181-81 LINDENGO SWEDEN

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

100003482231-9

-12/01/00--01014--003

****750.00 ****750.00

State Zip Code

FL

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

JOYCE A. GILBERT
ASSISTANT SECRETARY

Date

11-7-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] ELIZABETH LARKIN

11/1/00 (908)238-6645
Date Daytime Phone #