

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS		FILED 98 APR -8 AM 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # K86834					
1. Corporation Name ADGE PHARMACEUTICALS, INC					
Mailing Address ELEONOR PENA 14390 SW 199TH AVE MIAMI FL 33196		Principal Place of Business ELEONOR PENA 14390 SW 199TH AVE MIAMI FL 33196			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/10/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0123387	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4		
D	PENA, ALICE	14390 SW 199TH AVE	MIAMI FL		
D	PENA, ELEONOR	14390 SW 199TH AVE	MIAMI FL		
D	PENA, DONATO	CALLE 1 #19 ALTOS ARROYO	HONDO, STO. DOM, DR		
8. Name and Address of Current Registered Agent PENA, ELEONOR 14390 SW 199TH AVE MIAMI FL 33196			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. Signature of Registered Agent <u>Eleanor Pena</u> Date <u>4/6/98</u> REGISTRED AGENT MUST SIGN					
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>ALICE PENA</u> Date <u>4/6/98</u> <u>305-232-4042</u>					