2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000052589

FILED
Nov 30, 2005
Secretary of State

Entity Name: HYBRID PHARMACEUTICAL, LLC

Current Principal Place of Business:

1310 CHARLESTON SQUARE
103
NAPLES, FL 34110

New Principal Place of Business:

975 IMPERIAL GOLF COURSE BOULEVARD
32
NAPLES, FL 34110

Current Mailing Address:

1310 CHARLESTON SQUARE
103
NAPLES, FL 34110

New Mailing Address:

1679 MAPLE LANE
BENTON HARBOR, MI 49022

FEI Number: 20-0478742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PANTELLERIA, SHAWN
1310 CHARLESTON SQUARE
103
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

PANTELLERIA, SHAWN T
975 IMPERIAL GOLF COURSE BOULEVARD #32
103
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHAWN T. PANTELLERIA 11/30/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR ( ) Delete
Name:	PANTELLERIA, SHAWN T
Address:	1310 CHARLESTON SQUARE #103
City-St-Zip:	NAPLES, FL 34110

ADDITIONS/CHANGES:

Title:	MGR (X) Change ( ) Addition
Name:	PANTELLERIA, SHAWN T
Address:	975 IMPERIAL GOLF COURSE BOULEVARD #32
City-St-Zip:	NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHAWNT.PANTELLERIA MGR 11/30/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date