

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L11321**

1. Corporation Name

**DRAGON PHARMACEUTICAL, INC.**

Principal Place of Business

Mailing Address

~~T200-543 GRANVILLE ST.~~

~~1200-543 GRANVILLE ST.~~

~~STE 1900-1055 WEST HASTINGS~~

~~STE 1900-1055 WEST HASTINGS~~

~~VANGOOVER-BC-CANADA-V6E-2E9~~

~~VANGOOVER-BC-CANADA-V6E-2E9~~

~~CA~~

~~CA~~

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

Suite, Apt. #, etc.

**SUITE 1900-1055 WEST HASTINGS**

Suite, Apt. #, etc.

**SUITE 1900-1055 WEST HASTINGS**

City & State

**VANCOUVER, B.C.**

City & State

**VANCOUVER, B.C.**

Zip

**V6E 2E9**

Country

**CANADA**

Zip

**V6E 2E9**

Country

**CANADA**

**REINSTATEMENT**

83

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/22/1989**

5. FEI Number

**65-0142474**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>PD</b> <b>C/D</b>	<b>LIU, LONGBIN</b> <b>LIU, LONGBIN</b>	<b>#1900, 1055 WEST HASTINGS ST</b> <b>#1900, 1055 WEST HASTINGS ST</b>	<b>VANCOUVER, BC V6E</b> <b>VANCOUVER, B.C. V6E 2E9</b>
<b>D</b>	<b>SUN, YIU K</b>	<b>STE 1109 OFFICE TWR CON PL 1 HAR</b>	<b>HONG KONG</b>
<b>D</b>	<b>CAI, KEN</b>	<b>#1900, 1055 WEST HASTINGS ST</b>	<b>VANOUVER, BC V6E</b>
<b>D</b> <b>S</b>	<b>HALL, GREG</b> <b>KAVANAGH, MATTHEW</b>	<b>4849 MEADFIELD RD</b> <b>#1900, 1055 WEST HASTINGS ST</b>	<b>WEST-VANCOUVER BC-V7W</b> <b>VANCOUVER, B.C.</b>
<b>CS</b> <b>D</b>	<b>PHILLIP, YVEN</b> <b>YVEN, PHILIP</b>	<b>11/6 456 DES VOUEUR RD CENTRAL</b> <b>11/6 456 DES VOUEUR RD CENTRAL</b>	<b>HONG-KONG TO</b> <b>HONG KONG</b>
<b>D</b> <b>P/D</b>	<b>WICK, ALEXANDER</b> <b>WICK ALEXANDER</b>	<b>10-BD DES PLANTS, F-78860</b> <b>10 BD DES PLANTS F-78860</b>	<b>ST NOM LA BRETECHE, FRANCE</b> <b>ST NOM LA BRETECHE, FRANCE</b>

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

**300024172413**  
**10/27/03--01101--007 \*\*150.00**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**Brian Courtney**  
**Asst. V. Pres.**

Date

**10/23/03**

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:

**MATTHEW KAVANAGH** 10/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(604) 669-8817**

CR2E040 (7/03)



**dragon**

pharmaceuticals inc.

October 21, 2003

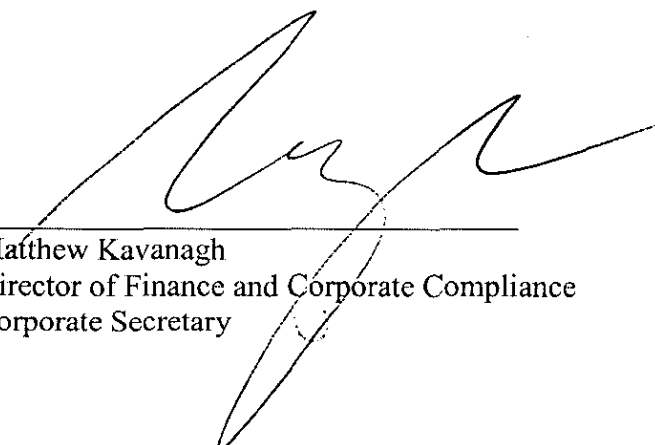
Division of Corporations  
Annual Report / Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Please find enclosed an application for reinstatement and the payment of required annual report fee to bring the Company into good standing. We are requesting that you waive the reinstatement fee as the Company did not receive the UBR forms previously. I suspect the forms were not delivered as the postal / zip code (V6E 2E9) did not appear in the mailing address that was printed on the outside of the document.

Thank you for your assistance. Please call me at (604) 669 – 8817 if you have any questions.

Yours truly,



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Matthew Kavanagh  
Director of Finance and Corporate Compliance  
Corporate Secretary