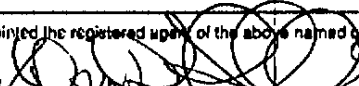
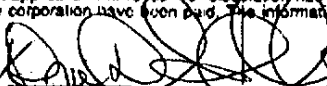


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN -3 AM 10:32 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # 152302 1. Corporation Name Immuvac, Inc.					
Principal Place of Business 4728 N. Habana Avenue Suite 303 Tampa, Fl. 33614		Mailing Address 4728 N. Habana Avenue Suite 303 Tampa, Fl. 33614			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 4728 N. Habana Avenue Suite 303		3. New Mailing Address, If Applicable 4728 N. Habana Avenue Suite 303		4. Date incorporated or Qualified To Do Business in Florida 2/19/90	
City & State Tampa, Florida		City & State Tampa, Florida		5. FEI Number 59-2992496	
Zip 33614		Country Hillsborough		6. CERTIFICATE OF STATUS DESIRED ☒	
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip		
D/P/ T/S	Ira D. Shandles	4728 N. Habanna Avenue Suite 303	Tampa, Florida 33614		
			300002050023-4 -01/08/97-01031-001 *****975.00 *****975.00		
			300002050023-4 -01/08/97-01031-002 *****8.75 *****8.75		
8. Name and Address of Current Registered Agent					
Ira D. Shandles 4602 North Armenia Avenue Building A, Suite 3 Tampa, Florida 33614					
9. Name and Address of New Registered Agent					
Name Ira D. Shandles Street Address (P.O. Box Number is Not Acceptable) 4728 N. Habana Avenue Suite, Apt. #, Etc. Suite 303 City Tampa State FL Zip Code 33614					
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:  Date 12/30/96 IRA D. SHANDLES REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)					
12. 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:  Ira D. Shandles, President 12/30/96 (813) 875-6678 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ira D. Shandles, President					

C22F040 (12/95)