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 # L52302

1. Corporation Name
Immuvac, Inc.

Principal Place of Business	Mailing Address
4728 N. Habana Avenue Suite 303 Tampa, Fl. 33614	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.

REINSTATEMENT 93-96 LW
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
4728 N. Habana Avenue	4728 N. Habana Avenue
Suite, Apt. #, etc. Suite 303	Suite, Apt. #, etc. Suite 303
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33614 Country Hillsborough	Zip 33614 Country Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 2/19/90

5. FEI Number: 59-2992496 ☐ 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)

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 -017037--01031--001 ****975.00 ****975.00
			300002050023--4 -017037--01031--002 ******8.75 ******8.75

POOR ORIGINAL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Ira D. Shandles 4602 North Armenia Avenue Building A, Suite 3 Tampa, Florida 33614	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

CR2E040 (12/95)

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: IRA D. SHANDLES REGISTERED AGENT MUST SIGN Date: 12/30/96

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