

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L52302

1. Corporation Name

IMMUVAC, INC.

2. Principal Office Address

11809 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618

Country

3. Mailing Office Address

11809 N. Dale Mabry Hwy.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618

Country

**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

FILED
01 MAY 31 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97-01 UBR

7. Name and Address of Current Registered Agent

Name

IRA D. SHANDLES

500004481795

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

11809 N. Dale Mabry Hwy.

07/18/01-01001-008

***773.75 ***773.75

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33618

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

[Signature]

Date

5/30/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D, P, T, S	IRA D. SHANDLES	11809 N. Dale Mabry Hwy.	Tampa, FL 33618

10. 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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA D. SHANDLES

Date

5/30/01

(813) 264-5100

Daytime Phone #