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APPROVED  
AND  
FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001-2003

**DOCUMENT #** M00000000730

**1. Limited Liability Company's Name**

Immunity Care and Research, LLC

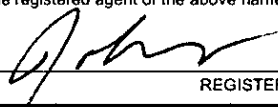
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01/15/03--01073--004 \*\*250.00

<b>2. Principal Office Address</b> 4400 PGA Blvd.		<b>3. Mailing Office Address</b> 4400 PGA Blvd.	
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 800	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410	Country USA	Zip 33410	Country USA

<b>4. State/Country of Formation</b> DE	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 4/13/2000	
<b>6. FEI Number</b> 650900768	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name John Bryan		
Street Address (P.O. Box Number is Not Acceptable) 4400 PGA Blvd		
Suite, Apt. #, Etc. Suite 800		
City Palm Beach Gardens	State FL	Zip Code 33410

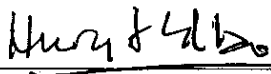
**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent  Date 12/10/03

REGISTERED AGENT MUST SIGN

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Henry D'Abo	West Wratting, Park Estate The Estate Office, Hall Farm Weston, Calville	Cambridge, UK CB1 5PE

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager  Date 27 Dec 2002 Daytime Phone # 011 44-1223 290328

Typed or printed name of signing Managing Member/Manager HEWRY d'Abo

CR2E041 (9/01)