

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**M0200000781**

FLORIDA SECRETARY OF STATE  
CORPORATIONS

03 OCT 22 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000781

Name and Mailing Address

0008329 01 AT 0.292 \*\*AUTO T1 0 0615 33309-111299

PETNET/PHARMALOGIC, LLC

1300-02 W. MCNAB ROAD

FT. LAUDERDALE FL 33309-1112



2. New Mailing Address		4. State/Country of Formation TN	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/16/1999	
Principal Place of Business 1300-02 W. MCNAB ROAD FT. LAUDERDALE FL 33309	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0911152	Applied For Not Applicable
8. Name and Address of Current Registered Agent CHATOFF, HOWARD 1 SOUTH OCEAN BLVD., SUITE #206 BOCA RATON FL 33432		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800024019198 10/22/03--01058--006 **150.00 City FL Zip Code	
10. 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 <i>[Signature]</i> <b>NOTRE REQUIRED</b> Date _____ REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	POSITION ENTERPRISES, LLC	1 SOUTH OCEAN BLVD., SUITE #206	BOCA RATON FL 33432
MGRM	PETNET PHARMACUTICAL	3571 PEACHTREE PARKWAY, SUITE C	SUWANEE GA 30024
<b>REINSTATEMENT</b> <i>[Signature]</i>			

12. 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 *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)