

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M07421

FILED
Apr 12, 2011
Secretary of State

Entity Name: CLINICAL THERAPEUTICS CORP.

Current Principal Place of Business:

470 BILTMORE WAY
SUITE 102
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

470 BILTMORE WAY
SUITE 102
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-2460625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAGUIRE, MARY LOU
10627 NE 10 CT.
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARY LOU MAGUIRE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MAGUIRE, MARY LOU
Address: 470 BILTMORE WAY SUITE 102
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY LOU MAGUIRE

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date