

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N62000005063

1. Corporation Name

Foundation for the Study and Treatment
of Blood-Borne Viral and Bacterial
Diseases, Incorporated

HR

REINSTATEMENT 03-04

2. Principal Office Address

2773 S. Ocean Blvd.

Suite, Apt. #, etc.

Apt. 102

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

101 N. Charles Street

Suite, Apt. #, etc.

Suite 800

City & State

Baltimore, MD

Zip

21201

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/19/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeffrey M. Siskind

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

222 Lakeview Avenue

Suite, Apt. #, Etc.

Suite 260 Esperanto Building

City

West Palm Beach

State

FL

Zip Code

33401

800040647078

08/30/04--01087--005 **306 25

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]

REGISTERED AGENT MUST SIGN

JEFFREY M. SISKIND

Date 8/22/04

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
P/D	George Einstein	101 N.Charles St., #800	Balto., MD 21201
D	William L. Siskind	2273 S.Ocean Blvd.#102	Palm Beach, FL 33480
D	Jeffrey M. Siskind	222 Lakeview Ave., #260	W. Palm Beach, FL 33401

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

William L. Siskind

8/22/04

Date

410-539-6606

Daytime Phone #

CR2E081 (01/04)