APPLICATION FOR REINSTATEMENT 1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1 OF 2

FILED

96 DEC 24 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries

Make Check Payable To: Department of State

1. Name and Address of Corporation: N95000002258

Infectious Disease Research Institute Inc.
4728 N. Habana Ave., Ste. 303
Tampa, FL 33614

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: REINSTATEMENT 96 00

Address

City and State

Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: May 10, 1995

4. FEI Number: 593313-055

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and Director

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Bienvenido G. Yangco, MD	4728 N. Habana Ave., Ste. 303	Tampa, FL 33614
V/T/S/D	Kalliope D. Halkias, MPH	4728 N. Habana Ave., Ste. 303	Tampa, FL 33614
D	John U. Balis, MD	Usf College Of Medicine MDC Box 11 12901 Bruce B. Downs Blvd.	Tampa, FL 33612
D	Demetrios G. Halkias, Ph.D.	USF College of Medicine MDC Box 10 12901 Bruce B. Downs Blvd.	Tampa, FL 33612
D	Joseph B. Sinkovics, MD	4600 N. Habana Ave., Ste. 9	Tampa, FL 33614
D	Edward A. Eikman, MD	2727 MLK BLvd. W #800	Tampa, FL 33607

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

R. Jeffrey Stull, Esquire
602 South Boulevard
Tampa, FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (Do NOT Use P.O. Box Number)

700002038997--2
-12/27/96--01036--026
****375.00 ****375.00

Street Address (Do NOT Use P.O. Box Number)

City and State: FL.

Zip Code

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

Signature of Registered Agent: R Jeffrey Stull — Date: 12-23-96

REGISTERED AGENT MUST SIGN

9. 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, 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, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate and my signature shall have the same legal effects as if made under oath.

Signature of Officer or Director: Bienvenido Yangco — Date: 12/23/96 — Phone #: 813-875-4374

Typed or printed name of signing officer or director: Bienvenido G. Yangco, MD, MPH

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee Required for Certificate of Status

#5. Names and Street Addresses of Each Officer and Director (continued)

D David A. Solomon, MD USF College of Medicine Tampa, FL 33612
12901 Bruce B. Downs Blvd.