PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

AD Pharmaceuticals
P00000011522

7000050248577--7
-02/27/02--01087--011
****150.00 ****150.00

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address	
12580 NE 9th Avenue	12580 NE 9th Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

4. Date Incorporated or Qualified To Do Business in Florida January 28, 2000

City & State	City & State		**5.** FEI Number	Applied For
N. Miami, Florida	N. Miami, Florida		65 101 5288	Not Applicable

Zip	Country	Zip	Country
33161	Dade	33161	Dade

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Silotte Louis

7000050248577--7
02/27/02--01087--010
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable) 12580 NE 9th Avenue

Suite, Apt. #, Etc.

City	State	Zip Code
Miami, Florida	FL	33161

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 Silotte Louis Date 01/18/02

REGISTERED AGENT MUST SIGN

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
CEO	Thomas Louis	9910 W. Broadview Drive	Bal Harbor, Fl 33154

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: Thomas Louis Date 01/18/02 Daytime Phone # 305/981-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)