

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 19 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055086

1. Corporation Name

Pharmatrica Kenya Inc

2. Principal Office Address

3071 Cypress Gardens Rd

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33884

Country

USA

3. Mailing Office Address

3071 Cypress Gardens Rd

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33884

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/2000

5. FEI Number

59-3653429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

DILIP PATEL

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

3071 CYPRESS GARDENS RD

Suite, Apt. #, Etc.

City

WINTER HAVEN FL

State

FL

Zip Code

33884

500005449685--1

05/03/02-01043--006

***908.75 ***908.75

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

* Dilip Patel

REGISTERED AGENT MUST SIGN

Date 4/12/2002

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
<u>Pres/</u>	<u>DILIP PATEL</u>	<u>3071 CYPRESS GARDENS RD</u>	<u>WINTER HAVEN FL</u> <u>33884</u>

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:

* Dilip Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/2002

Daytime Phone #

863-325-8315

CR2E081 (9/01)

4/26/02