

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

NOV 19 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072573

1. Corporation Name

KENDALL THERAPEUTICS, INC.

700025070057
11/26/03--01040--016 **750.00

REINSTATEMENT 03

2. Principal Office Address

3990 W. Flagler St.

Suite, Apt. #, etc.

#305

City & State

Miami, Florida

Zip

33124

Country

USA

3. Mailing Office Address

3990 W. Flagler St.

Suite, Apt. #, etc.

#305

City & State

Miami, Florida

Zip

33124

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/00

5. FEI Number

65-1088348

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ruiz, Lester

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

3990 W. Flagler St.

Suite, Apt. #, Etc.

#305

City

Miami

State

FL

Zip Code

33124

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

Date

11/17/03

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
P.O.T. S.D.	Lester Ruiz	3990 W. Flagler St. #305	Miami, FL 33124

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/03

Daytime Phone #