PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
Nov 26, 2001 8:00 A.M.
Secretary of State
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

DOCUMENT # P00000088042

1. Corporation Name

AMBI PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
24295 HIDDEN MEADOWS ROAD BROOKSVILLE FL 34601	24295 HIDDEN MEADOWS ROAD BROOKSVILLE FL 34601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
16306A Flight Path Dr	16306A Flight Path Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville FL	City & State: Brooksville FL
Zip: 34604 Country: USA	Zip: 34604 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/18/2000

5. FEI Number: 59-3671949 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	AMBROSE, DAVID D JR	24295 HIDDEN MEADOWS ROAD	BROOKSVILLE FL 34601

200004721272--3
-12/12/01--01081--013
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: R. Seth MANN, Esquire
Street Address (P.O. Box Number is Not Acceptable): 37941 E. Meridian Avenue
Suite, Apt. #, Etc.:
City: Dade City State: FL Zip Code: 33525

CR2E010 (5/01)

10. 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: _____ Date: 11/13/01
REGISTERED AGENT MUST SIGN

11. 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: _____ 11/13/01 (352) 754-8587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0105452 AT