

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

03 SEP 10 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000003759

1. Corporation Name

INTELLICHEM, INC

2. Principal Office Address

700 MALAGA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 144155

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33114

Country

USA

REINSTATEMENT 02-03

400023176894

09/18/03--01073--002 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/10/2001

5. FEI Number

651072206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rina Quijada

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

700 MALAGA AVE

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Rina Quijada

REGISTERED AGENT MUST SIGN

Date

Aug 20, 03

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
N/A			
→ President	Rina Quijada	700 MALAGA AVE	CORAL GABLES, FL
			33134
Director (Previous)	VIRGINIA TERRADO	No Longer on Board.	N/A

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:

Rina Quijada

RINA QUIJADA

3054615388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aug 20, 03

CR2E081 (10/02)

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To: Mr. Sean Toner
Department Of State
Division of Corporation
409 East Gaines, St
Tallahassee, Fl 32399

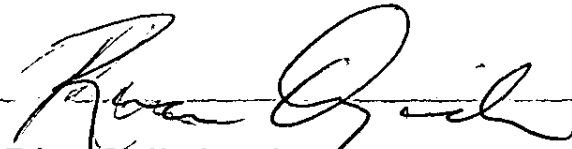
August 20, 03

From: Dr. Quijada:

I am sending form and check for US 300 to Reinstate my corporation. As a Registered Agent for my corporation, I never received the Annual Report Renewal notice.

I am sending this check to reinstate my company.

Thanks for your kind attention to this matter.


Rina Quijada, PhD

