

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR -1 PM 12:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000068832

1. Corporation Name

Excelsior Pharmaceutical

REINSTATEMENT 03-04

700028743067
03/01/04--01042--004 **141.25

2. Principal Office Address

420 Fentress Blvd

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip
32114

Country
US

3. Mailing Office Address

420 Fentress Blvd

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip
32114

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 12, 2001

5. FEI Number
582634996

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
Jeff LaCour

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

Suite, Apt. #, Etc.

City
Daytona Beach

State
FL

Zip Code
32114

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

REGISTERED AGENT MUST SIGN

Date

2/11/04

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	Jeff LaCour	420 Fentress Blvd	Daytona Beach, FL 32114

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

2/11/04

Daytime Phone #

CR2E081 (01/04)