


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 07-03			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000075152 1. Corporation Name INTERCELL CORP.				
2. Principal Office Address 9771 SW 148 AVE Suite, Apt. #, etc.		3. Mailing Office Address 9771 SW 148 AVE Suite, Apt. #, etc.		
City & State MIAMI FLORIDA Zip 33196 Country USA		City & State MIAMI FLORIDA Zip 33196 Country USA		

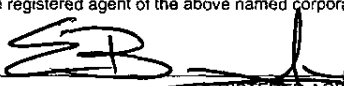
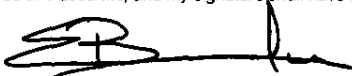
03 MAY 15 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500020256535
05/29/03--01074--010 ***300.00

4. Date Incorporated or Qualified To Do Business in Florida 07-31-01	
5. FEI Number 65-1146204	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ERICK BARCLAY		
Street Address (P.O. Box Number is Not Acceptable) 9771 SW 148 AVENUE		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33196


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 04-30-03	
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	ERICK BARCLAY	9771 SW 148 AVENUE	MIAMI, FLORIDA 33196
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: 		04-30-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

gy 5/12

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # <u>P01000075152</u>			
1. Entity Name <u>INTERCELL CORP.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>9771 SW 148 AVE</u> Suite, Apt. #, etc.		3. Mailing Address <u>9771 SW 148 AVE</u> Suite, Apt. #, etc.	
City & State <u>MIAMI FLORIDA</u>		City & State <u>MIAMI FLORIDA</u>	
Zip <u>33196</u>	Country <u>USA</u>	Zip <u>33196</u>	Country <u>USA</u>
4. FBI Number <u>65-1146204</u>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>ERICK BARCLAY</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>9771 SW 148 AVENUE</u>			
City <u>MIAMI</u> FL Zip Code <u>33196</u>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>[Signature]</u>		DATE <u>04-30-03</u>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE <u>P</u>	NAME <u>ERICK BARCLAY</u>	TITLE	NAME
STREET ADDRESS <u>9771 SW 148 AVENUE</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>MIAMI FLORIDA 33196</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u>		DATE <u>04-30-03</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CR2E034B (12/02)

71 5/22

PROFESSIONAL A.B.C. SERVICES, INC.

Attachment

3876 Southwest 112th Avenue

Suite #178

Miami, Florida 33165-4434

Phone 305-262-8233

Fax 305-262-8977

April 30, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Intercell Corp (P01000075152)

To Whom It May Concern:

This letter is to inform you that my client is respectfully requesting reinstatement of their corporation. Please see attached Corporation Reinstatement form for corporation detail. We would please ask that you please abate all penalties and interest from this account due to the reason that the original 2002 Uniform Business Report was never received at their location. This company had an accountant who would file any forms necessary in behalf of the company. Unfortunately, their accountant passed away in the beginning of 2002. They were not aware of the proper documentation needed to file with your department nor any other. They have since hired our firm and we have just noticed that they are still delinquent with there 2002 annual report. We ask that you please abate all penalties and interest from their account due to the unfortunate incident. Assuming the pardon will be granted, please accept the following payment of \$150.00 as payment for the 2002 Uniform Business Report. In addition, the form and payment for 2003 Uniform Business Report has also been attached.

Should there be any further questions, please feel free in contacting my offices.

Thank you for your time and consideration.

Sincerely,


Carolina Munoz-Najar