PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0 20000 64074

1. Corporation Name

MALLINCKRODT INVESTMENTS INC.

2. Principal Office Address	**3. Mailing Office Address** CARE OF SANTIAGO STEED

REINSTATEMENT 03-04

Suite, Apt. #, etc. 1300 BRICKELL AVE.	Suite, Apt. #, etc. 1300 BRICKELL AVE.

4. Date Incorporated or Qualified To Do Business In Florida 4|11|2002

City & State MIAMI, FL	City & State MIAMI, FL

5. FEI Number 01-0717449 ✓ Applied For / Not Applicable

Zip 33131	Country	Zip 33131	Country

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

7. Name and Address of Current Registered Agent

Name
JUAN PABLO BAYONA

Street Address (P.O. Box Number is Not Acceptable)
1300 BRICKELL AVE

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33131

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 _J. Bayona_ REGISTERED AGENT MUST SIGN   Date 11|23|04

CR2E081 (01/04)

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
D	Juan Pablo Bayona	1300 Brickell Ave.	Miami, FL 33131
		1000433306591 12/09/04--01058--005 **900.00	

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: _J. Bayona_ 11|23|04   305-679-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #