

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUN -2 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075987

**1. Corporation Name**

SOUTHERN PHARMACEUTICALS, INC.

**2. Principal Office Address**

2190 NW 89<sup>th</sup> PL.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

DADE.

**3. Mailing Office Address**

2190 NW 89<sup>th</sup> PL.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33178

Country

DADE.

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

7/12/2002

**5. FEI Number**

32-0019338.

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

HAROLD MILLER

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

2190 NW 89<sup>th</sup> PLACE

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code

33178

**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 5/28/04

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City, State, Zip |
|--------|--------------------------------------|---|------------------|
| P      | HAROLD MILLER                        | 2190 NW 89 <sup>th</sup> PL                       | MIAMI, FL 33178  |
|        |                                      |   |                  |
|        |                                      |   |                  |
|        |                                      |   |                  |
|        |                                      |   |                  |

**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

5/28/04

Date

Daytime Phone #

CR2E081 (01/04)