PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	PLEASE READ A	ALL INS	KUCII	ONS	DEFORE		OMPLETÍ	NG I TR				
CORPORAT	(SWEET) CALLERYON	S	DEPAR Secretary	of St		. A		40 FE	BIO AM	9: 4	1 E	
DOCUMENT # P02000120781 1. Corporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
ALTERNA	TIVE RESEAR	CH, INC) .				,	* ,				
										: ,		
2. Principal Office Add 105 WEST JEA		lailing Office Address WEST JEAN STREET					CR	: 2E081 (12/08)		* F*		
Suite, Apt. #, etc.	Suite, Apt. #, etc.				• • •	4. Date Incorpo	orated or Qual ess in Florida	o1/01/2	003 ,	. (%		
City & State TAMPA, FLORII	City & State TAMPA, FLORIDA					5. FEI Number 57114049			··⊨	Applied For Not Applicable		
Zip 33604	U.S.A.	33604	•	Count U.S.	-	Ì	6. CERTIFICATE	OF STATUS DE			al Fee require	
	7. Name and Address of	Current Regis	tered Agen	t		Ţ						
Name TERRY H. WOODS							☑ The reinstatement fee is imposed, except in					
Street Address (P.O. Box Number is Not Acceptable) 105 WEST JEAN STREET							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
Suite, Apt. #, Etc.												
City TAMPA, FLORI	DA .	. 4	,	State FL	Zip Code 33604		;					
8. I, being appointed the	ne registered agent of the abo	ve named corpo	ration, am f	amiliar w	rith and accept the	he ob	ligations of section	n 607.0505 or	617.0503, F.S.			
Signature of Registered Agent	Zerry N.	GISTERED AG	ENT MUST	SIGN		•		Date 02/	09/2009		1	
9. Names and Street	Addresses of Each Officer and	l/or Director (Flo	rida nonpro	fit corpo	rations must list	at lea	ast 3 directors)	(1 t ·	,		·	
Titles ' ·	Name of · Officers and/or Directors							٠,	City / State	/ Zip		
D CATHE	CATHERINE E. WOODS 105 WEST JEAN STREET							TAMPA,	FLORIDA 3	3604		
D TERRY	TERRY H. WOODS				105 WEST JEAN STREET				TAMPA, FLORIDA 33604			
							02	700-	-516425	1672	35 *,*450.0ℓ	
			,						*	• .		
RE	INSTATE	ME	NT	• .	DII				;			

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 filling 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 contained in Chapter 119, 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:

Mure of Doctor ATHERINE E. WOODS

02/09/2009

813-232-7822

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Daytime Phone # . .