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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2006 OCT -4 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000078105

**1. Corporation Name**

ADVANCED BIOSCIENCE, INC.

**2. Principal Office Address**

2033 MAIN STREET

Suite, Apt. #, etc.

SUITE 400

City & State

SARASOTA, FL

Zip

34237

Country

USA

**3. Mailing Office Address**

2033 MAIN STREET

Suite, Apt. #, etc.

SUITE 400

City & State

SARASOTA, FL

Zip

34237

Country

USA

**REINSTATEMENT**

CR2E081 (12/05)

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

5/31/05

**5. FEI Number**

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

MICHAEL G. BROWN

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

2033 MAIN STREET

Suite, Apt. #, Etc.

SUITE 402

City

SARASOTA

State

FL

Zip Code

34237

**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

*Michael G. Brown*

Date

9/28/06

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, D	ANDREW BADOLATO	2033 MAIN ST, SUITE 400	SARASOTA, FL 34237
S, I, D	DAVID L. WEST	2033 MAIN ST, SUITE 400	SARASOTA, FL 34237
D	RON DORAN	2033 MAIN ST, SUITE 400	SARASOTA, FL 34237

**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 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:

*David L. West*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/06

Daytime Phone #

int'l 9/29/06

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**ADVANCED BIOSCIENCE, INC.**  
**2033 Main Street**  
**Suite 400**  
**Sarasota, FL 34237**  
**(941) 925-2500**

September 29, 2006

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

Re: Reinstatement  
P05000078105

Dear Sir or Madam:

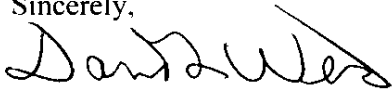
Enclosed please find an Application for Reinstatement of Advanced Bioscience, Inc., which was administratively dissolved by the Secretary of State on September 15, 2006.

Also enclosed is a reinstatement (annual report) fee of \$150.00. I submit this amount, rather than a higher amount, because the corporation never received any annual report notices from the Department of State before the company was administratively dissolved.

Please do not hesitate to telephone the company's legal counsel, Michael G. Brown, Esq., at 941-363-3087, if you have any questions, or if you wish to further discuss any aspect of this matter.

Thank you.

Sincerely,



David L. West  
Secretary/Treasurer