

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000045308

Entity Name: TOMOKA THERAPY, INC.

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1510 MASON AVE  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

1510 MASON AVE  
DAYTONA BEACH, FL 32117 US

**Current Mailing Address:**

1430 MASON AVE  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

1430 MASON AVE  
DAYTONA BEACH, FL 32117 US

FEI Number: 27-0259815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORTOLANI, ANGELA J  
1430 MASON AVE  
DAYTONA BEACH, FL 32117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ANGELA J ORTOLANI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ORTOLANI, JOHN A  
Address: 1368 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: ST  
Name: ORTOLANI, ANGELA J  
Address: 1368 JOHN ANDERSON DR  
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA J ORTOLANI

S/T

01/19/2012

Electronic Signature of Signing Officer or Director

Date