PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

01 DEC 12 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 12775

1. Corporation Name

DARIO SALAS INSTITUTE FOR HERMETIC SCIENCE, INC.

REINSTATEMENT 87-2001

2. Principal Office Address	**3.** Mailing Office Address
411 East 83rd Street	P O Box 8549
Suite, Apt. #, etc. 4C	Suite, Apt. #, etc. F.D.R. Station
City & State City of New York, State of New York	City & State NEW YORK, NY
Zip 10028 Country USA	Zip 10150 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For [ ] Not Applicable [X]

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

7. Name and Address of Current Registered Agent

Name: ANTHEA STEWART JOHNSTON

Street Address (P.O. Box Number is Not Acceptable): 10912 NW 67th Street

Suite, Apt. #, Etc.:

City: MIAMI, County of DADE — State: FL — Zip Code: 33178

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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 _____ REGISTERED AGENT MUST SIGN ANTHEA JOHNSTON Date 10/11/01

CR2E061 (9/00)

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
President	DARIO SALAS SOMMER	411 E. 83rd Street	New York, NY 10028
VP & Treasurer	MARIA TERESA DEL PERAL	411 E. 83rd Street	New York, NY 10028
Secretary	HARMIN ROJAS	126-18, 25th Road	Flushing, NY 11354

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: MARIA TERESA DEL PERAL - VICE PRESIDENT & TREASURER 11/10/01 212-570-9039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #