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|--|------|--|----------------------|
| Alpha Therapeutic Corporation                    |      |  |                      |
| Filing Evidence  □ Plain/Confirmation (          | Сору | Type of Docum  ☐ Certificate of Sta  |                      |
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| Reinstatement                                    |      | Trademark  |                      |
|  |      | Other  |                      |

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| Alpha Therapeutic Corporation (Name of Corporation)   |  |  |  |  |
|---|--|--|--|--|
| \$ 54 B   |  |  |  |  |
| P 2 4 3 3 8 (Document Number of Corporation (if known)  |  |  |  |  |
| Service of Companies (in Lands)   |  |  |  |  |
| California  |  |  |  |  |
| (Incorporated Under Laws of)  |  |  |  |  |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida   |  |  |  |  |
| This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida. |  |  |  |  |
| The following is a current mailing address for the corporation:   |  |  |  |  |
| c/o Mitsubishi Chemical America, Inc.   |  |  |  |  |
| One North Lexington Avenue (Mailing Address)  |  |  |  |  |
| (maning Auditor)  |  |  |  |  |
| White Plains, New York 10601  |  |  |  |  |
| (City/ State /Zip)  |  |  |  |  |
| The corporation agrees to notify the Department of State in the fixture of any change in its mailing address  |  |  |  |  |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)   |  |  |  |  |
| (Typed or printed name of person signing)  (Typed or printed name of person signing)  |  |  |  |  |

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