


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P92000003327</b> 1. Entity Name <b>ANIKA, INC.</b>	
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FILED  
 05 DEC -7 AM 4: 06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>19501 BISCAYNE BLVD., SUITE 400                  AVENTURA, FL 33180</b>	Mailing Address <b>19575 BISCAYNE BLVD.                  AVENTURA, FL 33180 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address <i>19575 Biscayne Blvd.</i> Suite, Apt. #, etc. <i>Store 559</i> City & State <i>Aventura FL</i> Zip <i>33180</i> Country <i>US</i>
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10072005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent <b>SOFFER, BROOKE                  19501 BISCAYNE BLVD.                  SUITE 400                  AVENTURA, FL 33180</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the SIGNA: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 11-1-05

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>SOFFER, BROOKE</b> <b>19575 BISCAYNE BLVD.</b> <b>AVENTURA, FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**800061415528**  
 11/14/05--01054--007 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attached schedule.

**SIGNATURE:** *[Signature]*

305-985-9750  
 Daytime Phone #