

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 JUL -9 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013492 (3)

1. Corporation Name
International Dermatology Research, Inc.

Mailing Address: **8370 West Flagler ST. Suite 200 Miami, FL 33144**
Principal Place of Business: **8370 West Flagler ST. Suite 200 Miami, FL 33144**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified To Do Business in Florida **12/22/1992**

5. FEI Number **65-0378230** Applied For Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Trinidad, Silvia A.	8370 West Flagler ST.	Miami, FL 33144
STD	Rodriguez, David A.	7400 N. Kendal Dr.	Miami, FL 33156

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-07/22/99--01081--008
****300.00 ****900.00

REINSTATEMENT 98-99 BITS

8. Name and Address of Current Registered Agent

**Madorsky, Marsha G. ESQ
2665 South Bayshore Drive
Suite 603
Miami, FL 33133**

9. Name and Address of New Registered Agent

Name **Silvia A. Trinidad**
Street Address (P.O. Box Number is Not Acceptable) **8370 West Flagler ST.**
Suite, Apt. #, Etc **Suite 200**
City **Miami** State **FL** Zip Code **33144**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date **6/24/99**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *[Signature]* **SILVIA A. TRINIDAD** 7/6/99 305-225-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (6/94)