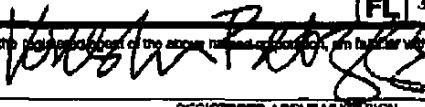
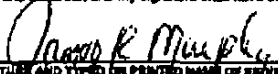


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000011533			
1. Corporation Name Belmac Health Corp. (P94000011533)			
2. Principal Office Address - No P.O. Box # 2 Urban Centre 4890 W. Kennedy Blvd.		3. Mailing Office Address 2 Urban Centre 4890 W. Kennedy Blvd.	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33609-2517	Country USA	Zip 33609-2517	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 2/7/94			
5. FEI Number 59-3241421		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ To be signed by all shareholders or members of the corporation.			
☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
7. Name and Address of Current Registered Agent			
Name C T Corporation System			
Street Address (P.O. Box Number is Not Acceptable) c/o C T Corporation System, 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 33324
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 		Name Kristen Betzger Date 9/11/07 Vice President	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	James R. Murphy	2 Holland Way (c/o Bentley Pharm., Inc.)	Exeter, NH 03833
DVST	Michael D. Price	2 Holland Way (c/o Bentley Pharm., Inc.)	Exeter, NH 03833
D/V	Robert M. Stots, M.D.	2 Holland Way (c/o Bentley Pharm., Inc.)	Exeter, NH 03833
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 contained in Chapter 119, 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: 		Name JAMES R. MURPHY Date 8/31/07 Daytime Phone #	

FLS-100 1/17/07 C T System Online

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

BELMAC HEALTH CORP.

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