

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 26 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044689

1. Corporation Name

NANOBAC PHARMACEUTICALS, INCORPORATED

2. Principal Office Address

10150 Highland Manor Drive

Suite, Apt. #, etc.

Suite 236

City & State

Tampa, Florida

Zip

33610

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

June 15, 1994

5. FEI Number

593248917

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mark Clancy

Street Address (P.O. Box Number is Not Acceptable)

10150 Highland Manor Drive

Suite, Apt. #, Etc.

Suite 236

City

Tampa

State

FL

Zip Code

33610

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

Date Jan 5, 2004

REGISTERED AGENT MUST SIGN

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
C	John Stanton	10150 Highland Manor Drive #236	Tampa, FI 33610
P/D	Alex H. Edwards, III	10150 Highland Manor Drive #236	Tampa, FI 33610
S	Mark Clancy	10150 Highland Manor Drive #236	Tampa, FI 33610

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Clancy, Secretary

1/5/04

Date

813-624-5515

Daytime Phone #

CR2E081 (10/02)