PLEASE READ	ALL INSTRUCTIONS BEFORE C	COMPLETING THIS FORM.
APPLICATION	FLORIDA DEPARTMENT OF STATE	
FOR	Sandra B. Mortham Secretary of State	Filters
REINSTATEMENT	DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF COMPONENT OF
DOCUMENT # P94000090657		97 Mary
1. Corporation Name Of 10 10 Plants to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		97 NOV -4 AM 9: 00
Phillips Pharmatech Labo. Inc		
Principal Place of Business	Mailing Address	REINSTATEMENT 1997
8767 115 thane N.	8767115 AUEN	REMSIAICHTE.
Caturood Industrial Tax		
Largo Floreda 39773	-	
If above addresses are incorrect in any way, line the 2. New Principal Office Address, If Applicable	rough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable	001/6
Suite, Apt. #, etc.	Suile, Apl. #, etc.	Dite Incorporated or Qualified To Do Business in Florida 12 13 1994
City & State	City & State	5. FEI Number Applied For
Zip Country		59- 328 7302 Not Applicable
		CERTIFICATE OF STATUS DESIRED 68.75 Additional Fee required for a Certificate of Status
Name of Officers	or Director (Florida nonprofil corporations must list at least	st 3 directors)
Title(s) and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Nu	umbers) 4 City / State / Zip
D Phillips, Brett J. 8767 115th ave N. Largo, Fd. 33773		
marys, sur	9. 8/6/11/3 Cive	N. Largo, F.L. 33773
		3000023419135
		-11/07/9701098017
		****758, 75 ****758. 75
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		
	on British and the second of t	ett & Phellips
	8767	7 /15 CVE N
Suite, Apt. 4, Etc. Oalwood and Park		
10. I, being appointed the registered agent of the above named cornoration, am familiar with and account to the registered agent of the above named cornoration, am familiar with and account to the registered agent of the above named cornoration.		
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 13447 SMA Date 10/29/97		
11. Does this corporation pay any intangible tax to the		
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)		
12. 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 filling		
this reinstalement 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		
ava avadado, and my sign	and some time to same legal effect as it made under oat	in.
SIGNATURE: Bull J. 10/29/97 8/3-3917891		
SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECTOR	10/27/4/ 8/3-391-788/

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P94000090657 97 NOV -4 AM 9: 00 Phillips Pharmatech Labs. Inc REINSTATEMENT 1997 Principal Place of Business 8767 115 chave N. Mailing Address 8767115 AURN Ou Kwood Ind. Ponto Largo II. 33773-4904 Oakwood Industrial Park Largo Floreda 39773-4904 4. Dite Incorporated or Qualified To Do Business in Florida If above addresses are incorrect in any way, fine through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 12/13/1994 Suite, Apl. #, etc. Suite, Apt. #, etc. Applied For 328 7302 City & State City & State Ζip Country Country for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Phillips, Brett J. 8767 115th ave N. Largo, Fd. 33773 T) 200002341913--5 -11/07/97--01098--017 ****758.75 ****758.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent State | Zip Code 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. FL 33773.4904 10/29/97 SESTERED AGENT MUST SIGN Date Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes 🗹 Nol 12. 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 AND VPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97 8/3-397-7881 Date Phone #