END

PLEASE READ ALL INSTRUCTIONS BEFORE CO

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 27 1997 8:00 am
Secretary of State

DOCUMENT # P95000037069

1. Corporation Name

ALPHA PHARMACEUTICALS, INC.

Principal Place of Business

2200 NW 102 AVE.
Bldg. 3
MIAMI FLORIDA 33172

Mailing Address

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

MAY 8, 1995

5. FEI Number

65-0577116

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
PRES.	CARMEN SOLIS	1735 NW 5th Street	Miami, Florida 33125
V.P.	RAMZI ABULHAJ	14442 SW 108 Terrace	Miami, Florida 33186
SECT.	RICK ADMANI	11060 SW 152 Court	Miami, Florida 33186

REINSTATEMENT 96-97 1/27/97

8. Name and Address of Current Registered Agent

Mr. Robett Milne (Attorney at Law)
9350 South Dixie Highway
Miami, Florida 33156

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

300002071893--9
-01/29/97--01011--010
****383.75 ****383.75

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

REGISTERED AGENT MUST SIGN

Date 1-23-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]

300002071893--9
-01/29/97--01011--011
****155.00 ****155.00
(See back side for information on intangible tax.)

12. 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 upon 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: 1-22-97 305-597-9067

RICK ADMANI