

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 AUG 21 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

P95000075727

**1. Corporation Name**

FIRST STEP THERAPEUTICS, INC

**2. Principal Office Address**

201 S HALIFAX DRIVE

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip

32176-6519

Country

U S

**3. Mailing Office Address**

201 S HALIFAX DRIVE

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

Zip

32176-6519

Country

U S

**REINSTATEMENT**

9750

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

10/2/95

**5. FEI Number**

59 3340699

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

JAMES CORWIN

000003384780--7

-09/07/00--01013--012

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

201 S HALIFAX DRIVE

\*\*\*1208.75 \*\*\*1208.75

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32176-6519

**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

8/14/00

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
P	JAMES W CORWIN	201 S HALIFAX DRIVE	ORMOND BEACH FL 32176-6519
			LS

**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:**

Pres

JAMES CORWIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/14/00

Daytime Phone #

(904) 673-5071