
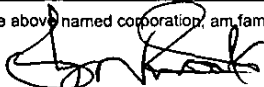
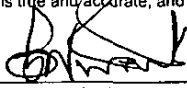


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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000027032			
1. Corporation Name KANZYME LABORATORIES INC.,			
2. Principal Office Address 13022 SW 128TH ST. Suite, Apt. #, etc.		3. Mailing Office Address 13022 SW 128TH ST. Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33186	Country	Zip 33186	Country
4. Date Incorporated or Qualified To Do Business in Florida 1996		5. FEI Number 650759830	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name DR. DONALD NWANKWO			
Street Address (P.O. Box Number is Not Acceptable) 15452 SW 146 TERRACE,			
Suite, Apt. #, Etc.			
City MIAMI,		State FL	Zip Code 33196
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 3/8/06	
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	DONALD NWANKWO	15452 SW 146 TER	MIAMI, FL. 33196
D	BENEFICE NWANKWO	15452 SW 146 TER	MIAMI, FL. 33196
D	VICTOR NWANKWO	14241 SW 163RD ST	MIAMI, FL. 33137
D	SOLONOM NWANKWO	15452 SW 146 TER	MIAMI, FL. 33196
000074535580 05/14/06--01001--023 **450.00			
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:  DR. DONALD NWANKWO 3/8/06 305-252-8377 (83773)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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Kanzyme Laboratories Inc.,
13022 SW 128th Street,
Miami, FL 33196

Department of State
Division of Corporations
Tallahassee FL 32314

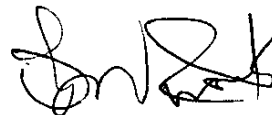
ANNUAL REPORT

Dear Madam,

Please find enclosed a completed annual report form and payment for \$450.00, for the years 2004 through 2006.

We did not receive the forms for the year 2004, until informed during a court proceeding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald Nwankwo', with a stylized flourish at the end.

Donald Nwankwo Ph.D. (President)

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Kanzyme Labs. Inc.
13022 SW 128th street
Miami, FL 33186

8/3/06

ATTN: Michelle Milligan
Dept. of state
Clifton Bldg.,
2661 Executive Center Circle,
Tallahassee FL 32301

Dear Madam,

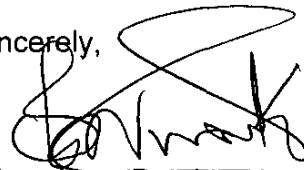
As directed, I am forwarding this letter to you for the reinstatement of our company, Kanzyme Laboratories Inc.

When I didn't receive the Annual report forms in 2004, I sent in a check for renewal before the company couldn't continue functioning as intended purely because of financial difficulties. I recently found out that we have to be reinstated in course of foreclosure proceedings in court.

I had sent in the Reinstatement form with a check (# 2074) for \$450.00 since the 13th of February but had not received any response, hence my inquiry.

I would be grateful if the company is reinstated. Hopefully, we could survive this very harsh period.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald Nwankwo', written over a horizontal line.

Donald Nwankwo (President)