PLEASE READ		BEFORE COMPLETING THIS FORM.	
APPLICATION APPLICATION	FLORIDA DEPARTME		
FOR FOR	Sandra B. Mo Secretary of S	State	
REINSTATEMENT	DIVISION OF CORPO	Face f I have I is	
DOCUMENT # P96000	98 MAR 30 AM 7: 45		
1. Corporation Name GFG Pharmaceutical Search, Inc.		SECRETARY OF STATE	
		TALLAHASSEE. FLORIDA	
Principal Place of Business Mailing Address		<u> </u>	
16861 Driftwood Lane P.O. Box 233 Sugarloof Key FL 38042 Sugarloof Key FL 3304		FL	
sugar isin inj	, ,		j .u
If above addresses are incorrect in any way, line thro			
New Principal Office Address, If Applicable	New Mailing Office Address, If	Applicable  4. Date Incorporated or Qualified August 2, 190 To Do Business in Florida	१ष्ट
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 20034 Applied	For
City & State	City & State	6. Applied Not App	
Zip Country	Zip Counti	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee for a Certificate of	
7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)			
Title(s) Name of Officers and/or Directors	l of	eet Address of Each licer and/or Director City / State / Zip se Post Office Box Numbers} 4	
By Gwendolyn L. Schultz 16861 Drift		twood lane Sugarloof key, FL 33042	
110		Malal	OI
		483/31	70
		0	
		400002477114	
		-04/82/380108208i	<u>;                                    </u>
		****908.75 ****908.	75
8. Name and Address of Current F	Registered Agent	9. Name and Address of New Registered Agent	
		Name Peter Rosasco	
Joseph B. Allen, III 617 Whitehead Street		Street Address (P.O. Box Number is Not Acceptable) 25000 Overseas Highway	
Key West, FL 33040		Suite, Apt. #, Etc.	
. 7		Summerland Key State Zip Code FL 33042	
10. I, being appointed the registered agen of the above	ve named corporation, am familiar w	th and accept the obligations of Section 607.0505, F.S.	
Signature of Registered Agent Date 3-24-78  REGIST RED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes 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 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: GUILOUS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-23-98 (305) 745-1472			