
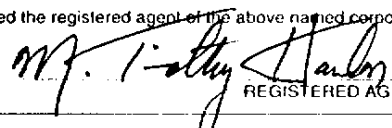
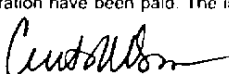


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> <p>FILED</p> <p>99 JAN 29 PM 1:50</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> </div>	
DOCUMENT # P97000020690 1. Corporation Name <p style="text-align: center;">DUNHALL PHARMACEUTICALS, INC.</p>				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT</div>	
Principal Place of Business 350 Royal Poinciana Plaza Suite 3C Palm Beach, FL 33480		Mailing Address 350 Royal Poinciana Plaza Suite 3c Palm Beach, FL 33480			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 1500 N. Florida Mango Suite, Apt. #, etc. Suite 1 2 City & State West Palm Beach, FL Zip 33480 33409 US		3. New Mailing Address, If Applicable 1500 N. Florida Mango Suite, Apt. #, etc. Suite 1 2 City & State West Palm Beach, FL Zip 33480 33409 US		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: right;">02/13/97</p> 5. FEI Number 65-0853749 71-0336781 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
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	
	D	Charles E. Jackson	1500 N. Florida Mango Suite 1 2	West Palm Beach, FL 33409	
	D	Kevin Thomas	1500 N. Florida Mango Suite 1 2	West Palm Beach, FL 33409	
8. Name and Address of Current Registered Agent John N. Giordano 220 S. Franklin Street Tampa, FL 33602					
9. Name and Address of New Registered Agent Name M. Timothy Hanlon Street Address (P.O. Box Number is Not Acceptable) 321 Royal Poinciana Plaza Suite, Apt. #, Etc. City Palm Beach State FL Zip Code 33480					
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 1/28/99					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other 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 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., 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:  CFO 1/28/99 561-689-1140					

CR2E040 (12/95)