

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

091000079920

Sicor, Inc..

2. Principal Office Address

232A Royal Palm Way

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

3. Mailing Office Address

232A Royal Palm Way

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1997

5. FEI Number

223538315

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

Stephen Durland

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

232A Royal Palm Way

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

REINSTATEMENT

C. Coulette

JAN 16 2002

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

REGISTERED AGENT MUST SIGN

Date 15 Jan 02

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/C	Stephen Durland	232A Royal Palm Way	Palm Beach, FL 33480

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 JAN 02

Date

(561) 822-9995

Daytime Phone #

FILED
2002 JAN 16 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/01)