


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

00 DEC 12 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **897000082525**

1. Corporation Name

LIFE SCIENCE GROUP, INC.

W00-25083

2. Principal Office Address

ONE LAFAYETTE PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

ONE LAFAYETTE PLACE

Suite, Apt. #, etc.

City & State

GREENWICH, CT

Zip

06830

Country

USA

City & State

GREENWICH, CT 06830

Zip

06830

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-24-1997

5. FEI Number **65-0826675**

P97000082525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GREGORY M. LEVY, CPA, C/O KAUFMAN, ROSSIN & CO.

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

2000 GLADES ROAD

200003501652-4

Suite, Apt. #, Etc.

324

12/14/00-01071-019

*****1058.75 ***1058.75**

City

BOCA RATON

State

FL

Zip Code

33431

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

Gregory M. Levy
REGISTERED AGENT MUST SIGN

Date **11/13/00**

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
PRES	JAMES FIORE	30 BROOKSIDE DRIVE 2-J	GREENWICH, CT 06830

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:

JAMES FIORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-2000

Date

**203
422-6500**

Daytime Phone #

CR2E081 (9/99)