

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVE
AND
FILE

06 SEP 13 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA7000087259

1. Corporation Name

Vital Pharma, Inc.

2. Principal Office Address

20 Campus Road

Suite, Apt. #, etc.

City & State

Totowa, NJ

Zip

07512

Country

USA

3. Mailing Office Address

20 Campus Road

Suite, Apt. #, etc.

City & State

Totowa, NJ

Zip

07512

Country

USA

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-0530425

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

The Pentice Hall Corporation System

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

1201 Hays Street

Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Sarah K. Drake

Sarah K. Drake
as its agent

Date

8/30/06

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/D	Terence wall	100 Lloyd Road	montclair, NJ 07042
V/D	Barry wicker	75 Cherokee Court	Sparta, NJ 07871
S.	Jay Sturm	1004 westwood Ave	Staten Island, NY 10314

600079821886

09/14/06--01034--002 **1050.00

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:

Jay Sturm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/31/06

Daytime Phone #

973-790-1330

9/14/06