

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000101285

1. Corporation Name

FOREFRONT PHARMACEUTICALS, INC.

Principal Place of Business

40347 US HIGHWAY 19  
SUITE 233  
TARPON SPRINGS FL 34689

Mailing Address

40347 US HIGHWAY 19  
SUITE 233  
TARPON SPRINGS FL 34689

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/02/1997

5. FEI Number

59-3482685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	4 City / State / Zip
<del>EDSTLING, MICHAEL</del>	<del>EDSTLING, MICHAEL</del>	<del>40347 US HWY 19 SUITE 233</del>	<del>TARPON SPRINGS FL 34689</del>
V, PT	ERNER, MICHAEL	40347 US HWY 19 SUITE 233	TARPON SPRINGS FL 34689

100003047111--3  
-11/17/99--01054--004  
\*\*\*\*758.75 \*\*\*\*758.75  
REINSTATEMENT 9/5 11TS

8. Name and Address of Current Registered Agent

~~EDSTLING, MICHAEL EDSTLING~~  
40347 US HIGHWAY 19  
SUITE 233  
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name MICHAEL LERNER  
Street Address (P.O. Box Number is Not Acceptable)  
40347 US HWY 19  
Suite, Apt. #, Etc. SUITE 233  
City TARPON SPRINGS State FL Zip Code 34689

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/2/99

11. 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

Date

Daytime Phone #

727-943-7848