

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	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/02/1997
City & State	City & State	5. FEI Number
Zip	Country	Applied For 59-3482685 Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	4 City / State / Zip
	ERSTNER, MICHAEL	40347 US HWY 19 SUITE 233	TARPON SPRINGS FL 34689
V, P	ERNER, MICHAEL	40347 US HWY 19 SUITE 233	TARPON SPRINGS FL 34689
		100003047111--3 -11/17/99--01054--004 ****758.75 ****758.75	
		REINSTATEMENT	ITS

8. Name and Address of Current Registered Agent

BERNING, MICHAEL LESTLING
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

REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/21/99**

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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-943-7848

Date **11/21/99** Daytime Phone #