PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris DOCUMENT # 99 DEC -9 AM 8: 54 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA IYATA PHARMACEUTICAL, INC. Principal Place of Business Mailing Address 15350 Amberly Drive same Unit 4711 Tampa, Florida 33647 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 Date Incorporated or Qualified To Do Business in Florida 1/26/98 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Numbe Applied For 59-3202946 City & State City & State Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) Michael Adekunle, M.D. 15350 Amberly Drive PSD Tampa, Florida 33647 REINSTATEMENT 99 300003066193--5 -12/10/99--01001--008 ****700.00 ****700.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Michael Adekunle, M.D. Street Address (P.O. Box Number is Not Acceptable) 30003056193—
Site Apl 4. Etc. 12/10/99—01001—009 15350 Amberly Drive, Unit 4711 Tampa, Florida 33647 *****50.00 ****50.00 Zip Code City State pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed the registered age Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes D No 2 Intangible Personal Property Tax due June 30. 12 Tecrify 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Adekunle, M.D.