PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. NT OF STATE ASTATEIVIL FILED DOCUMENT # P98000032311 01 FEB 19 PM 3: 04 1. Corporation Name SECRETARY OF STATE NIPOMED USA, INC. TALLAHASSEEFFLORIDA Principal Place of Business Mailing Address 626 S. Federal Hwy #100 Deerfield Beach, FL:33441 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 04/08/98/ Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number City & State City & State Not Applicable S8.75 Additional Fee required 6. Zip Zip Country Country CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Officer and/or Director
(Do NOT Use Post Office Box Numbers) Title(s) and/or Directors City / State / Zip P Deerfield Bch, FL 33441 TSUTOMU MATSUMORA 626 S. Federallhwy #100 300003784123---02/27/01<u>--01150--</u>012 ****450.00 ****450.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name TSUTOMU MATSUMORA Street Address (P.O. Box Number is Not Acceptable) <u>626 S. Federal Hwy</u> Suite, Apt. #, Etc. Ste 100 State Zip Code Deerfield Beach 33441 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of egistered Agent Date 0.9/10/00 REGISTERED AGENT MUST SIGN 11. This corporation wes of has paid the current year (See other side for information Intangible Personal Property tax due June 30. Yes L on intangible tax.) 12. 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 filling 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 spall have the same legal effect as if made under oath. (954) 725-4600 SIGNATURE: 09/10/00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (1/98)

FLORIDA DEPARTMENT OF STATE Division of Corporation 2000 Uniform Business Report (UBR) 409 East Gaines Street Tallahassee, FL 32399

Re: Filing of Uniform Business Report 2000 P98000032311 NipoMed USA, Inc.

To Whom It May Concern:

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As looked up my corporation on the internet I found out that Administrative Dissolution had taken place on 09/24/99 I quickly called my accountant and asked him the reason why that had happened. He told me since I had never received a Uniform Business Report form in the mail that I did not had to file. Looking for a second opinion I found out that his statement was not true.

Since I had no intention to fail the payment, I would like to request you that you forgive all extra fees and penalties other than the 3 (three) primary fees that are due of \$150.00 each and accept the filling of our attached UBR, which has been prepared by our accountant.

Any questions or concern, feel free to contact our NEW accountant at (954) 725-4600 and speak to Mr. Breno Gomes.

Sincerely,

P. Breno Gomes

626 S. Federal Hwy Ste 100 Deerfield Beach, FL 33441