

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris  
Secretary of State**

**DIVISION OF CORPORATIONS**

**FILED**

**01 MAY -3 PM 4:43**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT #** P 98-0000 59025

**1. Corporation Name**

International PHARMA Laboratories Corp.

**2. Principal Office Address**

3201 N. FED. Hwy., #202

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

Ft. Lauderdale, FL.

**City & State**

**Zip**

33306

**Country**

US

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/2/98

**5. FEI Number**

65-0909170

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**

John C. Fisher

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

3201 N. FEDERAL HIGHWAY

**Suite, Apt. #, Etc.**

Suite 202

**City**

Ft. LAUDERDALE

**State  
FL**

**Zip Code**

33306

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/27/01

**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
<del>Pres</del> Dir	Cesar Nieves	3201 N. FED. Hwy., #202	Ft. Lauderdale, FL 33306
<del>Secy</del> Dir	Chris Fisher	3201 N. FED. Hwy., #202	Ft. LAUDERDALE, FL 33306
<del>Treas</del> Dir	John C. Fisher	3201 N. FED. Hwy., #202	Ft. Lauderdale, FL 33306

700004324257  
-05/29/01--01002--019  
\*\*\*1050.00 \*\*\*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 807 or 817, 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 807.0401 or 817.0401, 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:**

John C. Fisher

JOHN C. FISHER 4/27/01

954-564-4774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #