FORM FOR 2000

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000107569

1. Corporation Name

ARROW PHARMACEUTICALS, INC.

Principal Place of Business	Mailing Address
11590 SEMINOLE BLVD SUITE A11 LARGO FL 33778	11590 SEMINOLE BLVD SUITE A11 LARGO FL 33778

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/1998 SP

5. FEI Number: 59-3483465 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
D	BINES, SHIMON	11590 SEMINOLE BLVD., SUITE A-11	LARGO FL 33778

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8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

9. Name and Address of New Registered Agent

Name: JAY KAUFFMAN
Street Address (P.O. Box Number is Not Acceptable): 6526 CENTRAL AVENUE
Suite, Apt. #, Etc.:
City: ST PETERSBURG State: FL Zip Code: 33707

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 Registered Agent: Jay Kauffman REQUIRED — Date: 10-13-99
REGISTERED AGENT MUST SIGN

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: S Bines REQUIRED 10/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S Bines 1/19/00

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