

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** P99000069602

**1. Corporation Name**

CATALYST PHARMACEUTICAL PARTNERS, INC.

**2. Principal Office Address**

420 South Dixie Highway

**3. Mailing Office Address**

420 South Dixie Highway

**Suite, Apt. #, etc.**

Suite 2B

**Suite, Apt. #, etc.**

Suite 2B

**City & State**

Coral Gables, Florida

**City & State**

Coral Gables, Florida

**Zip**

33146

**Country**

USA

**Zip**

33146

**Country**

USA

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

08/05/1999

**5. FEI Number**

65-0944520

**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**

American Information Services, Inc.

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

One S. E. Third Avenue

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

28th Floor

**City**

Miami,

**State**

FL

**Zip Code**

33131

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

American Information Services, Inc.

**Signature of  
Registered Agent**

By: *Paul J. M. C.*  
REGISTERED AGENT MUST SIGN

**Date** 12/19/2001

**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
D-P	McENANY, PATRICK J.	420 So. Dixie Hwy., Ste. 2B	Coral Gables, FL 33146
D-S-T	HUCKEL, HUBERT E.	420 So. Dixie Hwy., Ste. 2B	Coral Gables, FL 33146

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01/02/02--01041--009

\*\*\*900.00 \*\*\*900.00

**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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

12/12/01 305-529-2522

CR2E061 (9/00)

# AKERMAN SENTERFITT

ATTORNEYS AT LAW

SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR  
MIAMI, FLORIDA 33131-1714  
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December 19, 2001

BY FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: CATALYST PHARMACEUTICAL PARTNERS, INC.  
Document No. P99000069602

Dear Sir/Madam:

Enclosed is the executed Application for Reinstatement for the above referenced corporation, together with this firm's check # 25008608, in the sum of \$900.00, covering the reinstatement fee for same.

Please file the enclosed Application of Reinstatement as soon as possible. If you have any questions regarding this matter, please do not hesitate to call me. Thank you.

Very truly yours,

AKERMAN, SENTERFITT & EIDSON, P.A.

  
Nery C. Toledo  
Legal Assistant

nct/  
Enclosures

cc: Philip B. Schwartz, Esq.

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