

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000004484

1. Entity Name
ZLB BIOPLASMA INC.



FILED

06 DEC 19 PM 12:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
5201 CONGRESS AVE
SUITE 220
BOCA RATON, FL 33487 US

Mailing Address
1020 FIRST AVE
P.O. BOX 61501, ATTN: TAX DEPT.
KING OF PRUSSIA, PA 19406 US

[Handwritten Signature]

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



REINSTATEMENT 2006

4. FEI Number
74-2967974

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Handwritten Signature]*
Signature, typed or printed name of registered agent and title if applicable

6-12-06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TURNER, PETER	
STREET ADDRESS	1020 FIRST AVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TURVEY, PETER	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA,	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CIPA, ANTONI	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA,	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JACK	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCNAMEE, BRIAN	
STREET ADDRESS	45 POPLAR ROAK	
CITY-ST-ZIP	PARKVILLE, VICTORIA, AUSTRALIA,	
TITLE	A	<input type="checkbox"/> Delete
NAME	BOSS, GREGORY	
STREET ADDRESS	1020 FIRST AVE	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300082622783	
STREET ADDRESS	12/19/06--01011--007 **150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, GORDON	
STREET ADDRESS	5201 CONGRESS AVE, STE 220	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Dec 2006
Date

Daytime Phone #