

**2015 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000098851

**Entity Name:** BISCAYNE NEUROTHERAPEUTICS, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BOULEVARD  
SUITE 660  
MIAMI, FL 33137

**Current Mailing Address:**

4770 BISCAYNE BOULEVARD  
SUITE 660  
MIAMI, FL 33137 US

**FEI Number:** 45-3908226

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CARLSON, HOLLI A.  
4770 BISCAYNE BOULEVARD  
SUITE 660  
MIAMI, FL 33137 US

*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.*

**SIGNATURE:** HOLLI A. CARLSON

06/09/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO, PRESIDENT AND DIRECTOR  
Name            COLLINS, STEPHEN D. MD, PHD  
Address        4770 BISCAYNE BOULEVARD  
                  SUITE 660  
City-State-Zip: MIAMI FL 33137

Title            DIR  
Name            REICH, SAMUEL  
Address        4770 BISCAYNE BOULEVARD  
                  SUITE 660  
City-State-Zip: MIAMI FL 33137

Title            DIR  
Name            LAMMERT, WARREN  
Address        4770 BISCAYNE BOULEVARD  
                  SUITE 660  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN D. COLLINS

CEO AND PRESIDENT

06/09/2015

Electronic Signature of Signing Officer/Director Detail

Date