/~

2005 FOR PROFIT CORPORATION REINSTATEMENT

	1/2 1/4 1/4	W P 14 P 4		.•					
DOCUMENT # F02000002517 1. Entity Name MAGNA PHARMACEUTICALS, INC.							Property and the second		
					7	05 DEC -8	PM 4: 23		
Principal Place of Business Mailing Address						Scu.,	-576		
	AGRANGE ROAD	11802 BRINLEY AVE., SUITE 601				ALL/Light	. ्यापाट श्रामकाराज्याः /	0	
CRESTWOOD, KY 40014 LOUISVILLE, KY 40243					*	the same same	CONTRACTOR C		
Principal Place of Business Mailing Address									
2. Principal Piace of business 3. Mailing Address)	! 46 14 49 316 44 41 1 6144 (164 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10062005	REIN-P	CR2E098 (6/04))	
City & State		Suite 201			4. FEI Numb	PI	·····	pplied For	
				· · · · · ·	61-1185441 Not Applicable				
Zip	Country Zip Cou		Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			L		7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM				Name					
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324						······································			
				City	<u></u>		□ Zip Co	de	
A The phove	named entity submits this statement for	os the purpose of changing its	inte	· ·		N. 1- 41- 81-1			
the obligat	tions of registered agent.	or the purpose or changing its	registere	BAB	ara a. Buhke		rida. I am tamiliar with	and accept	
SIGNATURE CONTROL SPECIAL ASSISTANT SECRETARY 12-605									
	Signature, typed or printed name of registered agen	a and the applicable. (NOT	i: Register	ed Agent signature re	quired when reinstating		DATE		
FIL	E NOW!!! FEE IS \$750,00								
	nuary 1, 2006, Fee will be \$900.	00							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE NAME	P	☐ Delete	TITLE	i i			☐ Change	Addition	
STREET ADDRESS	LESSER, WARREN P ADDRESS 11802 BRINLEY AVE., SUITE 201			E et adoress					
CITY-ST-ZIP	LOUISVILLE, KY 40243			-ST-ZIP	_				
TITLE NAME	S FOLEY IDWIN EGO	☐ Delete	TITLE				☐ Change	Addition	
STREET ADORESS	FOLEY, IRVIN ESQ. 11802 BRINLEY AVE., SUITE 201			E Et adoress					
CITY-ST-ZIP	LOUISVILLE, KY 40243			-ST-ZIP					
TITLE NAME		Oelete	TITLE	•			☐ Change	☐ Addition	
STREET ADDRESS			NAM! STRE	ET ADORESS	9	000608	584329 6004 **75		
CITY-ST-ZIP			CITY	-ST-ZIP	10/1	7/0501056	6004 * ∗75	0.00	
TITLE NAME		□ _Delete	TITLE	1		-	☐ Change	Addition	
STREET ADORESS			NAME STREE	ET ADORESS					
CITY-ST-ZIP			CITY-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS			NAMI STRE	et address					
CATY-ST-ZIP			CITY-	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
Street address	•		NAME STREE	ET ADDRESS					
CITY-ST-ZIP	* aut – 5		CITY-	·ST-ZIP					
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report in the receiver or trustee employees the supplemental report in the receiver or trustee employees.	h this filing does not qualify for is true and accurate and that n	the exer	nption stated in ure shall have the	Section 119.07(3)(he same legal effect	i), Florida Statutes. I	further certify that the	information or or director	
of the cor changed	poration or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report with all other like empowered	as requir	ed by Chapter (607, Florida Statute	s; and that my name	appears in Block 10 c	or Block 11 if	
	7	//						1	
SIGNAT	SIGNATURE AND TWEED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	/ <u></u>	esse/	14/2/05 Date	502. 254.	1112	
	,								