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04 NOV 18 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 FOR PROFIT CORPORATION  
REINSTATEMENT

DOCUMENT # F03000004760			
1. Entity Name JRH BIOSCIENCES, INC.			
Principal Place of Business 13804 WEST 107TH ST. LENEXA, KS 66125		Mailing Address 13804 WEST 107TH ST. LENEXA, KS 66125	
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 48-1154290		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 <i>Kristen Detzger</i>		KRISTEN DETZGER ASSISTANT SECRETARY DATE 11/18/04	
FILA NOW! FEB 18 \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMEE, BRIAN	NAME	
STREET ADDRESS	13804 WEST 107TH ST.	STREET ADDRESS	
CITY-STATE-ZIP	LENEXA, KS 66125	CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPA, ANTONI	NAME	
STREET ADDRESS	13804 WEST 107TH ST.	STREET ADDRESS	
CITY-STATE-ZIP	LENEXA, KS 66125	CITY-STATE-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIARLA, THOMAS	NAME	
STREET ADDRESS	13804 WEST 107TH ST.	STREET ADDRESS	
CITY-STATE-ZIP	LENEXA, KS 66125	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURVEY, PETER	NAME	
STREET ADDRESS	13804 WEST 107TH ST.	STREET ADDRESS	
CITY-STATE-ZIP	LENEXA, KS 66125	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statute. 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 Statute; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, both as other is represented.			
SIGNATURE: <i>Thomas Giarla</i>		Thomas Giarla, President 12-Nov-04 (913) 469-5580	

REINSTATEMENT 04

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Florida Department of State  
Division of Corporations  
Public Access System

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**CORPORATION REINSTATEMENT**

**JRH BIOSCIENCES, INC.**

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