

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR 29 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004760

1. Corporation Name

JRH Biosciences, Inc.

2. Principal Office Address

11296 Renner Blvd.

Suite, Apt. #, etc.

City & State

Lenexa KS

Zip

66219

Country

USA

3. Mailing Office Address

3050 Spruce St.

Suite, Apt. #, etc.

City & State

St. Louis MO

Zip

63103

Country

USA

REINSTATEMENT

CR2E081 (12/05)

05-06
[Handwritten Signature]

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

9/24/2003

5. FEI Number

48-1154290

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

CT Corporation System, C/O CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

900074530219

05/12/06--01061--029 **\$00.00

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.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/27/06

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
P	Rodney Kelley	11296 Renner Blvd.	Lenexa KS 66219
T/D	Kirk A. Richter	3050 Spruce St.	St. Louis MO 63103
S	Jerome I. Kaskowitz	168 N. Meramec Ave.	St. Louis MO 63105
AT	Thorpe Pehrson	11296 Renner Blvd.	Lenexa KS 66219
C/D	Franklin Wicks	3050 Spruce St.	St. Louis MO 63103
AS/D	Michael R. Hogan	3050 Spruce St.	St. Louis MO 63103

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 contained in Chapter 119, 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:

[Handwritten Signature]

Kirk A. Richter, Treasurer/Director

3-1-06

314-771-5765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #