

1053

FILED

09 OCT 20 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F05000005189**

1. Corporation Name  
Cinaden Biotech, Inc.

*AK*

**REINSTATEMENT 08-09**  
CR2E001 (12/08)

2. Principal Office Address - No P.O. Box #  
5915 Landerbrook Drive

3. Mailing Office Address  
Suite, Apt. #, etc.  
204

4. City & State  
Mayfield Heights, Ohio

5. Zip  
44124

6. Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 9/7/2005

5. FEI Number 33-0747308

Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$375 and Period Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

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

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Renee Cruz* **Renee Cruz, Asst. Secretary** Date **10-20-09**  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
Pres.	Andrew Lefkowitz, Director	5915 Landerbrook Drive	Mayfield Heights, Ohio 44124
Sec.	John Huff	5915 Landerbrook Drive	Mayfield Heights, Ohio 44124
Dir.	Sean Farmer	4649 NW 36th Street	Miami Springs, Florida 33166
Dir.	Edward Mettelman	562 Monterey Avenue	Pelham, New York 10803

10. I certify that I am an officer or director of 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. and 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date **10-20-2009** 440.229.5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000224445 3)))



H090002244453ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**CORPORATION REINSTATEMENT**

**GANEDEN BIOTECH, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	012
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help