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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 FEB 20 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005993

1. Corporation Name
Genzyme Corporation

900295742599

CR2E081 (11/10)

| | | | |
|---|---------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box # 500 Kendall Street | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Cambridge, MA | | City & State | |
| Zip 02142 | Country | Zip | Country |

4. Date Incorporated or Qualified To Do Business in Florida
November 15, 1996

| | |
|-----------------------------|-------------------------------|
| 5. FEI Number 06-1047163 | 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Melissa Zender Date 2/20/17

REGISTERED AGENT MUST SIGN Melissa Zender
Asst. Vice President

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 |
|---------|-----------------------------------|--|-----------------------|
| D | David Meeker | 500 Kendall Street | Cambridge, MA 02142 |
| D | Philippe Sauvage | 500 Kendall Street | Cambridge, MA 02142 |
| Pres | David Meeker | 500 Kendall Street | Cambridge, MA 02142 |
| VP | Joann Nestor | 500 Kendall Street | Cambridge, MA 02142 |
| Trea | Michael J. Tolpa | 55 Corporate Drive | Bridgewater, NJ 08807 |
| Asst Se | Stacy Apgar | 55 Corporate Drive | Bridgewater, NJ 08807 |

10. E-mail Address: stacy.apgar@sanofi.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Stacy Apgar Date 2/14/17 (908) 981-4954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Re 2/20/17

FILED

17 FEB 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 513977 7352716
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 1,500.00

ORDER DATE : February 16, 2017
ORDER TIME : 9:48 AM
ORDER NO. : 513977-035
CUSTOMER NO: 7352716

REINSTATEMENT

NAME: GENZYME CORPORATION

RECEIVED
17 FEB 20 AM 10:51

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____