PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -2 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300073759769
05/02/06--01054--018 **1050.00

REINSTATEMENT 04-06

DOCUMENT # F99000004505

1. Corporation Name
APOTEX CORP.

2. Principal Office Address		**3.** Mailing Office Address	
2400 N. COMMERCE PKWY		150 SIGNET DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 400		—	
City & State		City & State	
WESTON FL		WESTON, ONTARIO	
Zip	Country	Zip	Country
33326	U.S.A.	M9L 1T9	CANADA

EP

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 8/30/1999

5. FEI Number 133661214 ☐ 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	State	Zip Code
TALLAHASSEE	FL	32301-2525

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: Sue G. Knight **Sue G. Knight as its agent** Date 5-2-06

REGISTERED AGENT MUST SIGN

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
CD	BERNARD C. SHERMAN	150 SIGNET DRIVE	WESTON, ONTARIO, CANADA M9L1T9
PD	TAMMY McINTIRE	2400 N. COMMERCE PKWY #400	WESTON, FL 33326
VSD	JACK KAY	150 SIGNET DRIVE	WESTON, ONTARIO, CANADA M9L1T9

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: Jack M. Kay JACK KAY 04/26/2006 416-749-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Apotex Corp.
c/o 150 Signet Drive
Weston, Ontario, Canada
M9L 1T9
Phone: 416-749-9300
Fax: 416-401-3812

May 1, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam,

Re: Florida Profit Corporation Reinstatement
Doc # F99000004505

We respectfully request that the reinstatement fee of $600.00 be waived since we believe that the corporation did not receive the annual report notices in the year of dissolution/revocation. (2004)

Enclosed please find the completed and executed Corporation Reinstatement form for Apotex Corp. together with a check in the amount of $1,050.00. If the reinstatement fee of $600.00 is indeed waived, please forward a refund check for same amount to the address above to my attention.

If you have any questions, please do not hesitate to contact me directly at 416-749-9300 ext 7343.

Yours truly,

Louie Cianfarani, CGA
Accounting Manager, Apotex Corp.

LC:lc
Encls.