

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 21 AM 11:00

REINSTATEMENT 05



10132005 REIN-P CR2E098 (6/04)

DOCUMENT # H33345 1. Entity Name THERAKOS, INC.					
Principal Place of Business 437 CREAMERY WAY EXTON, PA 19341 US			Mailing Address 437 CREAMERY WAY EXTON, PA 19341 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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		 VickiAnn Owens Special Assistant Secretary		DATE 10/13/05	
(Signature, typed or printed name of registered agent and title if applicable.)		(NOTE: Registered Agent signature required when reinstating)		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALDER, H M		NAME		
STREET ADDRESS	12 LONG DR		STREET ADDRESS		
CITY-ST-ZIP	DOWNTOWN, PA		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, ROY N		NAME		
STREET ADDRESS	OCC, 437 CREAMERY WAY		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALO, R R		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK, PA		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCULLEY, M.B.		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON PLZ		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK, NJ.,		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMP, C.A.		NAME		
STREET ADDRESS	437 CREAMY WAY		STREET ADDRESS		
CITY-ST-ZIP	EXTON, PA 19341		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERMAN, S P		NAME		
STREET ADDRESS	ONE JOHNSON & JOHNSON PLACE		STREET ADDRESS		
CITY-ST-ZIP	NEW BRUNSWICK, PA		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 10-18-05	
				DAYTIME PHONE #	