


L 02000023436

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name POTOMAC PHARMA, L.L.C.			
2. Principal Office Address 6750 WEST LOOP S		3. Mailing Office Address	
Suite, Apt #, etc STE 790		Suite, Apt #, etc	
City & State BELLAIRE, TX		City & State	
Zip 77401	Country US	Zip	Country
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 9/10/02	
6. FEI Number 76-0712623		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			

FILED
 07 MAR -9 PM 2:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

05

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name: Steven M. Plumb c/o Jay Koenigsburg, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Ave.

Suite, Apt #, Etc: Suite 1900

City: Miami

State: FL Zip Code: 33131

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent:

Date: 3/8/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Joshua Tarnoff	6750 W. Loop South Suite 790	Bellaire, Tx 77401
mgrm	Steven Plumb	6750 W. Loop South Suite 790	Bellaire, Tx 77401
REINSTATEMENT 2005-2007			
400092833534			

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager:

Date: 3/8/07 Daytime Phone #: 713 780 0806

Typed or printed name of signing Managing Member/Manager: **STEVEN PLUMB**



L02000023436

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
 REFERENCE : 794944 7576267
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 250.00

ORDER DATE : March 9, 2007
 ORDER TIME : 9:46 AM
 ORDER NO. : 794944-005
 CUSTOMER NO: 7576267

BM

FILED
 07 MAR -9 PM 2:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: POTOMAC PHARMA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

RECEIVED
 07 MAR -9 AM 10:56
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____