


**2005 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

**FILED**

05 OCT 25 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |  |   |   |
|---|--|--|---|---|
| DOCUMENT # M02000002227   |  |  |   |  |
| 1. Entity Name<br>ALLERGAN SALES, LLC   |  |  |   |   |
| Principal Place of Business<br>2525 DUPONT DRIVE<br>IRVINE, CA 92612  |  | Mailing Address<br>2525 DUPONT DRIVE<br>IRVINE, CA 92612   |   |   |
| 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  |   |   |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |   |
|   |  | FL   | Zip Code  |   |
| 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 <i>Cynthia L. Harris</i>  |  | <b>Cynthia L. Harris<br/>as its agent</b>  | DATE <i>10/25/05</i>  |   |
| FILE NOW!!! FEE IS \$50.00<br>After January 1, 2006, Fee will be \$100.00   |  | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   |   |
| Make check payable to Florida Department of State   |  |  |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ALLERGAN, INC<br>2525 DUPONT DRIVE<br>IRVINE, CA 92612 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000060918880 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |   |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |   |   |
| SIGNATURE: <i>Matthew J. Malletta</i>   |  | Matthew J. Malletta, Assistant Secretary   | DATE <i>10/19/2005</i>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date   | Daytime Phone #   |   |

**REINSTATEMENT 2005**

*DK*



M02000002227

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 669316 4334626

AUTHORIZATION :

*Patricia Pappas*

COST LIMIT : \$ 50.00

FILED  
05 OCT 25 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : October 24, 2005

ORDER TIME : 8:55 AM

ORDER NO. : 669316-005

*BN*

CUSTOMER NO: 4334626

REINSTATEMENT

NAME: ALLERGAN SALES, LLC

RECEIVED  
05 OCT 25 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS \_\_\_\_\_