FILE No.501 01/23 '04 11:32 ID:BILZIN SUMBERG FAX: PAGE 2/ 2

L01000003033

1 of 2

APPROVED AND FILED

04 JAN 29 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLET

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000003033

Mailing Address

0016946 01 MB 0.309 **AUTO H2 0 0615 92037-102560

PLC HOLDINGS II, L.C.
3366 NORTH TORREY PINES COURT
SUITE 210
LA JOLLA CA 92037-1025

REINSTATEMENT 2003-2004

New Mailing Address City, State, Zip	4. State/Country of Formation: FL 5. Date Organized or Qualified To Do Business in Florida: 02/27/2001
Principal Place of Business: 3366 NORTH TORREY PINES COURT, SUITE 210, LA JOLLA CA 92037 3. New Principal Place of Business Address City, State, Zip	6. FEI Number: 75-3041704 [ ] Applied For [ ] Not Applicable 7. CERTIFICATE OF STATUS DESIRED [ ] — $5.00 Additional Fee required for a Certificate of Status

Name and Address of Current Registered Agent LODISH, ALVIN D P.A. 200 SOUTH BISCAYNE BOULEVARD, SUITE 2500 MIAMI FL 33131	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Not Acceptable) City FL Zip Code

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: [signature] By: Alvin D. Lodish, President
SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date 1/22/04

Name and Street Addresses of Each Managing Member/Manager

	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	POTIKER, LOWELL	3366 N. TORREY PINES COURT, SUITE 210	LA JOLLA CA 92037
MGR	POTIKER, BRIAN	1500 STONE CANYON ROAD	LOS ANGELES CA 90077

400025337564
12/09/03--01010--021 **150.00

JB 1-29-04

I certify that I am managing member/manager or 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: [signature] SIGNATURE REQUIRED Date 1/22/04 Daytime Phone #

Typed or Printed Name of Signing Managing Member/Manager

H04000015329

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Refax

Orginal Fxted on 1/22/04

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000015329 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From: 14144
Account Name : BILZIN, SUMBERG BAENA PRICE & AXELROD LLP.
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)350-2446

LIMITED LIABILITY REINSTATEMENT

PLC HOLDINGS II, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	~~$200.00~~ $150.00

RECEIVED
04 JAN 29 PM 1:44
DIVISION OF CORPORATION

Electronic Filing Menu Corporate Filing Public Access Help

FAXED BY
DATE 1/29 TIME 1:15 AM/PM