

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 APR -5 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000002955**

1. Corporation Name

The Transplant Pharmacy, Inc.

2. Principal Office Address

6300 Dumbarton Circle

Suite, Apt. #, etc.

3. Mailing Office Address

6300 Dumbarton Circle

Suite, Apt. #, etc.

City & State

Fremont, CA

City & State

Fremont, CA

Zip

94555

Country

USA

Zip

94555

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/24/00

5. FEI Number

94-3362805

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

900005289969-8

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

-04717702--01068--005

\*\*\*\*\$900.00 \*\*\*\*\$500.00

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code

32301

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

*Deborah D. Skipper*

**Deborah D. Skipper**  
**Asst. V. Pres.**

Date **4/5/02**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------------|--------------------------------------|---|--------------------|
| Dir.<br>Pres | Jean-Jacques Bienaime                | 6300 Dumbarton Circle                             | Fremont, CA 94555  |
| Dir.<br>CFO  | Stephen G. Dance                     | 6300 Dumbarton Circle                             | Fremont, CA 94555  |
| Sec.         | Adrian Arima                         | 6300 Dumbarton Circle                             | Fremont, CA 94555  |
|              |                                      |   |                    |
|              |                                      |   |                    |
|              |                                      |   |                    |

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 under section 119.07(3)(i), 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:

*Adrian Arima*

**Adrian Arima**

**4-4-02**

**510-789-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 514754 7106309

AUTHORIZATION :

*Patricia Pizoto*

COST LIMIT : \$ PPD

ORDER DATE : April 5, 2002

ORDER TIME : 12:37 PM

\*\*\*PLEASE FILE 1ST\*\*\*

ORDER NO. : 514754-005

CUSTOMER NO: 7106309

CUSTOMER: Ms. Tamiko F. Lewis  
Sangstat Medical Corporation  
6300 Dumbarton Circle

Fremont, CA 94555

DOMESTIC FILINGS

NAME: THE TRANSPLANT PHARMACY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156  
EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
02 APR - 5 PM 1:52  
TALLAHASSEE  
DIVISION OF CONSUMER AFFAIRS