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**CORPORATION REINSTATEMENT**

**WATSON PHARMA, INC.**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 0          |
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Electronic Filing Menu

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Help

Pg 1 of 2

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|------------------------------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |             |  | <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  | <b>SECRETARY OF STATE<br/>TALLAHASSEE, FLORIDA</b>         |  |
| <b>DOCUMENT # F 01000003775</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| 1. Corporation Name<br><b>Watson Pharma, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| 2. Principal Office Address - No P.O. Box #<br><b>360 Mt. Kemble Ave</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                              |  | 3. Mailing Office Address<br><b>360 Mt. Kemble</b>                                     |  |                                                            |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                              |  | Suite, Apt. #, etc.                                                                    |  |                                                            |  |
| City & State<br><b>Morristown NJ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                              |  | City & State<br><b>Morristown</b>                                                      |  |                                                            |  |
| Zip<br><b>07960</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Country<br><b>USA</b>                                                                        |  | Zip<br><b>07960</b>                                                                    |  | Country<br><b>USA</b>                                      |  |
| 4. Date Incorporated or Qualified To Do Business in Florida <b>7/17/2001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| 5. FEI Number<br><b>11-2726505</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |                                                                                              |  |                                                                                        |  | Applied For<br><input type="checkbox"/> Not Applicable     |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                              |  |                                                                                        |  | \$5.75 Additional Fee Required for a Certificate of Status |  |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| Name<br><b>CT Corporation System</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| Suite, Apt. #, Etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| City<br><b>Plantation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                              |  | State<br><b>FL</b>                                                                     |  | Zip Code<br><b>33324</b>                                   |  |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.<br><b>Connie Bryan</b><br>Signature of Registered Agent <b>Connie Bryan</b> Assistant Secretary Date <b>1/26/09</b><br>REGISTERED AGENT                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                              |  |                                                                                        |  |                                                            |  |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Officers and/or Directors | Street Address of Each Officer and/or Director                                               |  | City / State / Zip                                                                     |  |                                                            |  |
| P/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Paul M. Bisaro                    | 360 Mt. Kemble Ave.                                                                          |  | Morristown NJ 07960                                                                    |  |                                                            |  |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Thomas R. Russillo                | 311 Bonnie Circle                                                                            |  | Corona, CA 92880                                                                       |  |                                                            |  |
| V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Edward F. Heimers, Jr.            | 360 Mt. Kemble Ave.                                                                          |  | Morristown NJ 07960                                                                    |  |                                                            |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | David A. Buchan                   | 311 Bonnie Circle                                                                            |  | Corona, CA 92880                                                                       |  |                                                            |  |
| T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R. Todd Joyce                     | 311 Bonnie Circle                                                                            |  | Corona, CA 92880                                                                       |  |                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | See Appendix                      |                                                                                              |  |                                                                                        |  |                                                            |  |
| 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 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |           |  | 1-26-09                                                                                |  | 951/493-5925                                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>David A. Buchan</b> |  | Date                                                                                   |  | Daytime Phone #                                            |  |

M. Williams DEC 26 2008

Pg 252

**ATTACHMENT TO STATE OF FLORIDA  
CORPORATION REINSTATEMENT  
OF  
WATSON PHARMA, INC.**

**Officers and Director - cont.**

|                   |                                                                                                                      |
|-------------------|----------------------------------------------------------------------------------------------------------------------|
| Mark W. Durand    | Senior Vice President and Chief Financial Officer<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                     |
| Gordon Munro      | Senior Vice President, Quality Assurance<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                              |
| Clare Carmichael  | Senior Vice President, Human Resources<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                                |
| Andrew Boyer      | Senior Vice President, Sales and Marketing, U.S. Generics<br>Division<br>360 Mt. Kemble Avenue, Morristown, NJ 07960 |
| Lynne Amato       | Vice President, Brand Sales and Operations<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                            |
| Tim Callahan      | Vice President, Sales and Marketing<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                                   |
| Henric Bjarke     | Vice President, Marketing<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                                             |
| Dilip Joshi       | Vice President, Corporate Engineering Operations<br>311 Bonnie Circle, Corona, CA 92880                              |
| Diane Miranda     | Vice President, Generic Marketing and Operations<br>360 Mt. Kemble Avenue, Morristown, NJ 07960                      |
| Jeff Nornhold     | Vice President, Quality Operations<br>311 Bonnie Circle, Corona, CA 92880                                            |
| Allan Slavsky     | Vice President, National Accounts<br>5527 Bentgreen Drive, Dallas, TX 75248                                          |
| Brett W. Hagadorn | Assistant Secretary<br>311 Bonnie Circle, Corona, CA 92880                                                           |