# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### F02000001252 **DOCUMENT #**

1. Corporation Name

FILED

03 NOV 24 AH 9:57

SECRETARY OF STATE

AUXILIUM PHARMACEUTICALS, INC.							709024984297 11/24/0301099029 **750.00			
Principal P	ess	ress	<del></del>			<u>.</u> '	•			
160 WEST GERMANTOWN PIKE. SUITE D-5 160 WEST G NORRISTOWN PA 19401 NORRISTOW				ermantown Pike. Suite D-5 N Pa 19401						
If above a	addresses are	incorrect in any way, line th	rough incorrect	information a	ınd enter	correction below.	RFIN	STATIME	TO3	
New Principal Office Address, If Applicable     3. New Mail				ling Office Address, If Applicable			4. Date incorporated or Qualified To Do Business in Florida 03/12/2002			
Suite, Apt. #, etc. Suite, Apt. #				, etc.			5. FEI Number Applied For			
City & State City				y & State			23-3016883 Not Applicable			
Zip	Zip Country			Zip		Country 6. CERTIFICA		ATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	or Director (Fle	orida nonprof				·		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
Р	HENWOOD, GERALDINE A			160 WEST GERMANTOWN PIKE, SUITE			SUITE	NORRISTOWN PA 19401		
vs	/S HOLLINGSWORTH, JANE H				160 WEST GERMANTOWN PIKE, SUITE			NORRISTOWN PA 19401		
T	CHOI, SYU	160 WEST GERMANTOWN PIKE, SUITE			HITE -	NO CRIS town PA 19461				
D ,	BESCHERER, EDWIN A JR.  Dennis J. Purcall			30 FNGHOH DRIVE			29th FI	WILTON CT 06807 New York, N.Y. 10 106		
D	CHURCHILL, WINSTON			435 DEVON PARK DRIVE				WAYNE PA 19087		
D	Philippe Chamber			2000 PENNSYLVANIA AVE., N.W., SU Elcuen Madison Ave., a			SU 2LHAFI	26th Fl. New York, NG. 10010		
	8. Nam	e and Address of Current	Registered Ag			<u> </u>	9. Name and	Address of New Registered	Agent J	
C T CORPORATION SYSTEM					Name					
1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Nun			is Not Acceptable)		CR2E040 (7/03)
PLANTATION FL 33324				Suite, Apt. #, Etc.						5
						City		State	Zip Code	
10. I, being	appointed the	e registered agent of the abo	ove named corp	oration, am fa	amiliar wi	th and accept the ob	ligations of Sect	tion 607.0505, F.S. or 617.050	5, F.S.	
					•		aa 455aa			
Signature o Registered		>ti	EGISTERED AC	SENT MUST	S ECIAL SIGN	TEVEN P. ZIN ASSISTANT	rinek Secretaf	<b>RY</b> Date	<u>-03</u>	
11. I certify	that I am an o				execute	this application as pr	rovided for in cha	apter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#### **AUXILIUM PHARMACEUTICALS BOARD OF DIRECTORS**

# Philippe Chambon

Sprout Group Eleven Madison Avenue, 26<sup>th</sup> floor New York, NY 10010

5 min / 30

# Winston J. Churchill

SCP Private Equity Partners 435 Devon Park Drive Wayne, PA 19087

#### Gerri Henwood

3 Jorrocks Lane Malvern, PA 19355

### Dennis J. Purcell

Perseus-Soros Management 888 Seventh Avenue, 29<sup>th</sup> fl. New York, NY 10106

# Jonathan Silverman

Orbimed Advisors 737 3<sup>rd</sup> Avenue New York, NY 10017 (212) 739-6400 (work)

# Stephen Sudovar

EluSys Therapeutic Inc. 10 Bloomfield Avenue PO Box 102 Pine Brook, NJ 07058

#### Michael Wall

808 Warren Avenue Maivern, PA 19355