

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000002624

FILED
Oct 06, 2006
Secretary of State

Entity Name: INYX PHARMACEUTICALS, INC.

Current Principal Place of Business:

825 THIRD AVENUE
40TH FLOOR
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

825 THIRD AVENUE
40TH FLOOR
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 75-2870720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACHKAR, JACK
445 GRAND BAY DRIVE
1210
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: RIMA GOLDSHMIDT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S, D () Delete
Name: KACHKAR, JACK
Address: 445 GRAND BAY DRIVE, #1210
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: D () Delete
Name: ROTMIL, JOSEPH
Address: 2800 KINSINGTON CIRCLE
City-St-Zip: WESTERN, FL 33332 US

Title: P () Delete
Name: HANDLEY, STEVEN
Address: 37 PARKLAND DRIVE, ELTON NEAR CHESTER
City-St-Zip: CHESHIRE, UK CH24PC UK

Title: D () Delete
Name: HUNTER, COLIN
Address: 11 HUMBER CLOSE, WIDNES
City-St-Zip: CHESHIRE, UK WA83YY UK

Title: D () Delete
Name: BROWN, DOUGLAS
Address: STURDY'S, TASTON
City-St-Zip: OXON, UK OX73JL UK

Title: T () Delete
Name: GOLDSHMIDT, RIMA
Address: 103 OVERBROOK PLACE
City-St-Zip: TORONTO, ON M3H 4P5 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RIMA GOLDSHMIDT

Electronic Signature of Signing Officer or Director

T

10/06/2006

Date