PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 APR 26 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004074

1. Corporation Name

Acorda Therapeutics, Inc.

200177721102
04/26/10--01059--021 **900.00

REINSTATEMENT 05-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15 Skyline Drive	15 Skyline Drive
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Hawthorne, NY	City & State: Hawthorne, NY
Zip: 10532 Country: US	Zip: 10532 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 07/16/2004

5. FEI Number: 13/3831168 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status.

7. **Name and Address of Current Registered Agent**

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation, FL State: FL Zip Code:

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Debbie Diaz Debbie Diaz Assistant Secretary Date: 4/14/2010
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	Please see attached		

10. **E-mail Address:** jburstein@acorda.com
(To be used for future annual report notification)

11. 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, I further certify, 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: DAVID LAURENCE CFO 4-23-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Acorda Therapeutics
Officer and Director Listing
As of 4/1/2010

Name	Title	Business Address
Ron Cohen, M.D.	President, Chief Executive Officer and Director	15 Skyline Drive, Hawthorne, NY 10532
Andrew R. Blight, Ph.D.	Chief Scientific Officer	15 Skyline Drive, Hawthorne, NY 10532
David Lawrence, M.B.A.	Chief Financial Officer	15 Skyline Drive, Hawthorne, NY 10532
Jane Wasman, J.D.	Executive VP, General Counsel and Corporate Secretary	15 Skyline Drive, Hawthorne, NY 10532
Thomas C. Wessel, M.D., Ph.D.	Chief Medical Officer	15 Skyline Drive, Hawthorne, NY 10532
Lauren M. Sabella	Executive VP, Commercial Development	15 Skyline Drive, Hawthorne, NY 10532
Barry Greene	Director	15 Skyline Drive, Hawthorne, NY 10532
John P. Kelley	Director	15 Skyline Drive, Hawthorne, NY 10532
Sandra Panem, Ph.D.	Director	15 Skyline Drive, Hawthorne, NY 10532
Lorin J. Randall	Director	15 Skyline Drive, Hawthorne, NY 10532
Steven M. Rauscher	Director	15 Skyline Drive, Hawthorne, NY 10532
Ian Smith	Director	15 Skyline Drive, Hawthorne, NY 10532
Wise Young, Ph.D., M.D.	Director	15 Skyline Drive, Hawthorne, NY 10532