PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT REINSTATEI			s	DEPART ecretary	y of St		j. K	10	APR 26	PM 2: 33 OF STATE E. FLORIDA
DOCUMENT # 〒0400004074								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-2014925	E. FLORIDA
Acorda The	erape	utics, Inc.	•					7004 7 7	3 T 4 T 4	
							04	200177 /26/10010	59021	**900.00
			1	3. Meiling Office Address 15 Skyline Drive				NOT#PER	TAT	05-10
Suite, Apt. #, etc Suite			Suite, Apt. #,	Suite, Apt. #. etc.			A Detailment	NS A C.		70
City & State City & State							To Do Busi	ness in Florida 07/1	6/2004	
l. i			Hawthor	Hawthorne, NY			5. FEI Numbe 13/383116	•	-	Applied For Not Applicable
zip 10532	Count	ry	7ip 10532		Count	у	6. CERTIFICATE	6. CERTIFICATE OF STATUS DESIRED 2 36 /5 Admitsorial Figure (or a Contracate of State		
	7. Na	tme and Address	of Current Regist	tered Ager	nt	·				
Name CT Corporation System						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				
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road										
Suite, Apt. #. Etc.						received and requesting the reinstatement				
city Plantation, FL					State FL	Zip Code	fee be waived.			
8. 1, being appointed Signature of Registered Agent	ine registe	rpie	cove named corpo		ssis	shife Dia tant Secre		on 607.0505 or 617.050	13.F.S. 14/2e	21.0
9. Names and Street	Addresse	·····	nd/or Director (Flo	rida nonpre	<u> </u>					
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			Cit	y / State / Zip	
Plea	ase	see atta	ched							
								pulsa	0	
						······································		,		
	· · · · · ·									
									•	
10. E-mail Address: jburstein@acorda.com										
11. I certify that I am an officer or director or the receiver or trustee empowored to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name setiafies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid 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 SIGNATURE Date Date Dete Det Dete Det Dete Dete										

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

<u>Name</u>	<u>Title</u>	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