FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000001572

1. Corporation Name

MILTENYI BIOTEC, INC.

REINSTATEMENT

CR2E081 (1/07) 07-08

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12740 EARHART AVENUE	12740 EARHART AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: AUBURN, CA	City & State: AUBURN, CA
Zip: 95602 Country: USA	Zip: 95602 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/03/2006

5. FEI Number: 68-0277164 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 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 State: FL Zip Code: 33324

☐ 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 duties and responsibilities as registered agent pursuant to section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Rebekah Moldovan Rebekah Moldovan Assistant Secretary Date: 4/16/08

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
Pres	Stefan Miltenyi	Friedrich-Ebert-Strasse 68	51429 Bergisch Gladbach, Germany
VP	Ira Marks	12740 Earhart Avenue	Auburn, CA 95602

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 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 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: Ira Marks April 16 2008 530 887 5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD16 - M1709 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)617-6384

From:
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CORPORATION REINSTATEMENT

MILTENYI BIOTEC, INC.

Certificate of Status	0
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