2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F06000005205

1. Entity Name
VIACELL, INC.

FILED
07 OCT 23 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10102007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
245 FIRST ST 15TH FL CAMBRIDGE, MA 02142	245 FIRST ST 15TH FL CAMBRIDGE, MA 02142

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3244816 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name
REINSTATEMENT
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alison Xland, ASST SEC 10/17/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2008, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP BEER, MARC D 245 FIRST ST 15TH FL CAMBRIDGE, MA 02142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, ViaCell Reproductive Health James Corbett 245 First st 15th Floor Cambridge, MA 02142 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCV DANCE, STEVE G 245 FIRST ST 15TH FL CAMBRIDGE, MA 02142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO John Thero 245 First st 15th Floor Cambridge, MA 02142 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300111194403 10/23/07--01017--019 **300.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Thero 10/22/07 617-913-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #