PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
13 MAY -6 AM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000003292

1. Corporation Name

Whitebox Pharmaceutical Growth Ltd, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3033 Excelsior Blvd.		3033 Excelsior Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 300		Suite 300	
City & State		City & State	
Minneapolis, MN		Minneapolis, MN	
Zip	Country	Zip	Country
55416	USA	55416	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 08/19/2009

5. FEI Number: 98-0528830 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T 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

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: Jeanne Nelson — Date: 5/3/13

REGISTERED AGENT MUST SIGN — Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Jonathan Wood	3033 Excelsior Blvd, Suite 300	Minneapolis, MN 55416
Director	Andrew Redleaf	3033 Excelsior Blvd, Suite 300	Minneapolis, MN 55416
			S. HAWKES
	REINSTATEMENT		MAY 06 2013
	2010 - 2013 1.2010		EXAMINER

10. E-mail Address: sbell@whiteboxadvisors.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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jonathan D Wood — 05-01-13 — 612-253-6001

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

Florida Department of State

Division of Corporations

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Division of Corporations
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CORPORATION REINSTATEMENT

WHITEBOX PHARMACEUTICAL GROWTH LTD. INC

Certificate of Status	0
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HAWKES

MAY 06 2013

EXAMINER