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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10000001418

1. Corporation Name

LS9 PROPERTIES INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
600 GATEWAY BLVD	600 GATEWAY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH SAN FRANCISCO, CA	City & State: SOUTH SAN FRANCISCO, CA
Zip: 94080 County: US	Zip: 94080 County: US

CR2E061 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida: 03/19/2010

5. FEI Number: 271365758 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: $30.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Incorporating Services, Ltd.

Street Address (P.O. Box Number is Not Acceptable): 1540 Glenway Drive

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Kimberly L Shoupe Asst. Sec'y Date: 12-31-13

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
P/D	Tjerk de Ruiter	600 GATEWAY BLVD	SOUTH SAN FRANCISCO, CA 94080
T/S	Jonathan Foster	600 GATEWAY BLVD	SOUTH SAN FRANCISCO, CA 94080
D	Noubar Afeyan	600 GATEWAY BLVD	SOUTH SAN FRANCISCO, CA 94080
D	Peter Nieh	600 GATEWAY BLVD	SOUTH SAN FRANCISCO, CA 94080
D	Charlie Cooney	600 GATEWAY BLVD	SOUTH SAN FRANCISCO, CA 94080
D	Andrew Chung	600 GATEWAY BLVD	SOUTH SAN FRANCISCO, CA 94080

10. E-mail Address: jf@ls9.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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, 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 Foster December 30 2013 1 650 243 5477

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

REINSTATEMENT
2013 / 13

S. HAWKES
Dec 31 2013
EXAMINER

Division of Corporations

Florida Department of State

Division of Corporations

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Email Address: jf@ls9.com

CORPORATION REINSTATEMENT

LS9 PROPERTIES INC.

Certificate of Status	1
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