

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 24 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F95000002635**

1. Corporation Name

**NOVO NORDISK PHARMACEUTICALS, INC.**

Principal Place of Business

100 OVERLOOK CENTER  
SUITE 200  
PRINCETON NJ 08540-7810

Mailing Address

100 OVERLOOK CENTER  
SUITE 200  
PRINCETON NJ 08540-7810



**ATTN: FINANCE DEPARTMENT**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/31/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**06-1061602**

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	<del>CAPRANO, ROBERT</del> WILLIAM S. POOLE	100 OVERLOOK CENTER	PRINCETON NJ 08540
S	SHEHAN, JAMES C	405 LEXINGTON AVE., #6400	NEW YORK NY 10017
T	FORNECKER, PHIL	100 OVERLOOK CENTER	PRINCETON NJ 08540
D	JORGENSEN, LAR ALMBOLM	NOVO NORDISK A/S, NOVO ALLE	DK-2880 BAGSVAERD, DENMARK
D	<del>JACOBSEN, HENRIK</del> OLE F. RAMSBY	<del>100 OVERLOOK CENTER</del> Novo Alle, Dk-2880, Bagsvaerd, Denmark	<del>PRINCETON NJ 08540</del> Bagsvaerd, Denmark

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**REINSTATEMENT**

9. Name and Address of New Registered Agent

Name

**300002356203--3**

Street Address (P.O. Box Number is Not Acceptable)

**11/25/97-01025-006**

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Charles W. Meyer*

Date

**11/8/97**

REGISTERED AGENT MUST SIGN

*Special Asst. Secretary*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/18/97**

Date

**609 987-8800**

Daytime Phone #

CR2E040 (8/97)