

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **99**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002635**

1. Corporation Name

**NOVO NORDISK PHARMACEUTICALS, INC.**

Principal Place of Business

ATTN: FINANCE DEPARTMENT  
100 OVERLOOK CENTER  
PRINCETON NJ 08540-7810

Mailing Address

ATTN: FINANCE DEPARTMENT  
100 OVERLOOK CENTER  
PRINCETON NJ 08540-7810

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**05/31/1995**

5. FEI Number

**06-1061602**

Applied For

Not Applicable

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 3	City / State / Zip 4
PD	POOLE, WILLIAM S	100 OVERLOOK CENTER	PRINCETON NJ 08540
S	SHEHAN, JAMES C	405 LEXINGTON AVE., #8400	NEW YORK NY 10017
T	FORNECKER, PHIL	100 OVERLOOK CENTER	PRINCETON NJ 08540
D	JORGENSEN, LAR ALMBLOM	NOVO NORDISK A/S, NOVO ALLE	DK-2880 BAGSVAERD, DENMARK
D	RAMSBY, OLE F	NOVO ALLE, DK-2880, BAGSVAERD	BAGSVAERD, DENMARK

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

**580003071445-0**

**-12/15/99-01076-014**

**\*\*\*\*750182 250000.00**

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

Date **10/23/99**

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., 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:

*James C. Shehan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/23/99**

Date

**212-278-9627**  
Daytime Phone #