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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
17 FEB 20 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F96000005993

1. Corporation Name  
Genzyme Corporation

900295742599

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 500 Kendall Street		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cambridge, MA		City & State	
Zip 02142	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida  
November 15, 1996

5. FEI Number 06-1047163	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

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 607.0506 or 617.0503, F.S.

Signature of Registered Agent Melissa Zender **Melissa Zender** Date 2/20/17  
REGISTERED AGENT MUST SIGN **Asst. Vice President**

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
D	David Meeker	500 Kendall Street	Cambridge, MA 02142
D	Philippe Sauvage	500 Kendall Street	Cambridge, MA 02142
Pres	David Meeker	500 Kendall Street	Cambridge, MA 02142
VP	Joann Nestor	500 Kendall Street	Cambridge, MA 02142
Trea	Michael J. Tolpa	55 Corporate Drive	Bridgewater, NJ 08807
Asst Sec	Stacy Apgar	55 Corporate Drive	Bridgewater, NJ 08807

10. E-mail Address: stacy.apgar@sanofi.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, 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:** Stacy Apgar **Stacy Apgar, Asst. Sec** Date 2/14/17 (908) 981-4954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Uszyme Priors

Re 2/20/17

FILED

17 FEB 20 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 513977 7352716  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 1,500.00

ORDER DATE : February 16, 2017  
ORDER TIME : 9:48 AM  
ORDER NO. : 513977-035  
CUSTOMER NO: 7352716

REINSTATEMENT

NAME: GENZYME CORPORATION

RECEIVED  
17 FEB 20 AM 10:51

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS \_\_\_\_\_