

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 15 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F98000000563

**1. Corporation Name**

Aventis Animal Nutrition, Inc.

**2. Principal Office Address**

3480 Preston Ridge Road

Suite, Apt. #, etc.

City & State

Alpharetta, Georgia

Zip

32301

Country

USA

**3. Mailing Office Address**

3480 Preston Ridge Road

Suite, Apt. #, etc.

City & State

Alpharetta, Georgia

Zip

32301

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/30/98

**5. FEI Number**

22-3539955

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 02-24

**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 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Tabatha Miller, Asst VP*

REGISTERED AGENT MUST SIGN

Date

4/8/04

**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
See Attached			

**10. 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)(l), 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

*Stephen R. Reynolds, J.P.*

Date

3/24/04  
Daytime Phone #

CR2E081 (10/02)

**Aventis Animal Nutrition, Inc.**

**Officers:**

✓ President – Pierre Legault

✓ Vice President – Stephen R. Reynolds

✓ Vice President – Harold Roesch

Treasurer – Terry G. King

Secretary – Owen K. Ball, Jr.

Asst. Secretary – Stacy A. Silkworth

Asst. Secretary – Sheila Wohl Chandonnet

**Address for All Officers:**

300 Somerset Corporate Blvd.  
Bridgewater, New Jersey 08807

**Directors:**

✓ Pierre Legault

✓ Stephen R. Reynolds

300 Somerset Corporate Blvd.  
Bridgewater, New Jersey 08807

Jean-Francois Macquin  
Espace Européen de l'Enterprise  
Avenue de  
Strasbourg, France 67300



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 540958 7352716

AUTHORIZATION :

*Patricia Pizuto*

COST LIMIT : \$ 1050.00

ORDER DATE : April 2, 2004

ORDER TIME : 3:27 PM

ORDER NO. : 540958-090

CUSTOMER NO: 7352716

CUSTOMER: Stacy Ann Apgar  
Aventis Pharmaceuticals Inc.  
300 Somerset Corporate Blvd.  
Mailstop Sc3-820a  
Bridgewater, NJ 08807-0977

REINSTATEMENT

NAME: AVENTIS ANIMAL NUTRITION INC.

\*\*\*\*\*FILE 1ST\*\*\*\*\*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, 2935

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

RECEIVED  
04 APR 15 PM 4:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA