

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -7 PM 5:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002956

1. Corporation Name

WATSON PHARMA, INC.

Principal Place of Business

311 BONNIE CIRCLE  
CORONA CA 91720

Mailing Address

311 BONNIE CIRCLE  
CORONA CA 91720

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

2. New Principal Office Address, If Applicable

100 Campus Drive  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Attn: Secretary  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/09/1999

5. FEI Number

33-0778849

Applied For

Not Applicable

City & State

Florham Park, NJ

City & State

Corona, CA

Zip

07932

Country

USA

Zip

92880

Country

USA

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)

(See Attachment)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>CP</del>	<del>CHAO, ALLEN</del>	<del>311 BONNIE CIRCLE</del>	<del>CORONA CA 91720</del>
<del>S</del>	<del>FUNSTEN, ROBERT C</del>	<del>311 BONNIE CIRCLE</del>	<del>CORONA CA 91720</del>
<del>T</del>	<del>BOXER, MICHAEL</del>	<del>311 BONNIE CIRCLE</del>	<del>CORONA CA 91720</del>
CP	CHAO, ALLEN	311 BONNIE CIRCLE	CORONA, CA 92880
S	FUNSTEN, ROBERT C	311 BONNIE CIRCLE	CORONA, CA 92880
T	BOXER, MICHAEL	311 BONNIE CIRCLE	CORONA, CA 92880

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

REINSTATEMENT

State

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/2/00

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.

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-11/30/00--01006--015

\*\*\*750.00 \*\*\*750.00

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/2/00

Daytime Phone #

CR2E040 (8/00)

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Appendix to Florida  
Department of State  
Application for Reinstatement

**Watson Pharma, Inc.**

7. Additional Officers:

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
V	PROCTOR, MICKEY	2170 Satellite Blvd. Ste 300	DULUTH, GA 30097
V	HARTMAN, MARK	100 CAMPUS DRIVE	FLORHAM PARK, NJ 07932
COO	WILKINSON, FRED	100 CAMPUS DRIVE	FLORHAM PARK, NJ 07932