1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
01 DEC 21 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L00000015014

REINSTATEMENT 2001

1. Limited Liability Company's Name

DERMA, LLC

2. Principal Office Address	3. Mailing Office Address
9495 Trisen	112 Prospect St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State Liechtenstein	City & State Stanford, CT 06901
Zip / Country: Europe	Zip / Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: XX Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Brian Courtney as its agent — Date: 12-21-01
REGISTERED AGENT MUST SIGN

CR2E041 (8/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Edward N. Lerner	112 Prospect St., #300	Stamford, CT 06901
			600004735996--7
			12-21-01

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 12/19/01 Daytime Phone #: 203-316-8122

Typed or printed name of signing Managing Member/Manager: Edward N. Lerner, Manager

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 503733 8739A

AUTHORIZATION :

COST LIMIT : $ 150.00

ORDER DATE : December 21, 2001

ORDER TIME : 10:50 AM

ORDER NO. : 503733-005

CUSTOMER NO: 8739A

CUSTOMER: Jonathan Shepard, Esq
Siegel Lipman Dunay & Shepard,
Suite 801
5355 Town Center Road
Boca Raton, FL 33486

RECEIVED
01 DEC 21 PM 1:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DERMA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS _____