

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000015014

1. Limited Liability Company's Name

DERMA LLC

02

BK

FILED  
04 DEC 17 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address

Sollstrasse 9

Suite, Apt. #, etc.

Postfach

City & State

Vaduz

Zip

FL 9490

Country

Liechtenstein

3. Mailing Office Address

c/o Edward N. Lerner

Suite, Apt. #, etc.

112 Prospect St. Suite 300

City & State

Stamford, CT

Zip

06901

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12-06-00

6. FEI Number

☒ 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

Cynthia A. Harris

Cynthia L. Harris  
as its agent

Date

12/17/04

REGISTERED AGENT MUST SIGN

**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., Suite 300	Stamford, CT 06901
			300043435113
		REINSTATEMENT	2002-2004

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

Edward N. Lerner

Date

12/15/04

Daytime Phone #

203-316-8122

Typed or printed name of signing Managing Member/Manager

Edward N. Lerner

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

# L00000015014

ACCOUNT NO. : 072100000032

REFERENCE : 091565 8739A

AUTHORIZATION

*Patricia Pigatto*

COST LIMIT : \$ 250.00

ORDER DATE : December 17, 2004

ORDER TIME : 11:44 AM

ORDER NO. : 091565-005

CUSTOMER NO: 8739A

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

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TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DERMA, LLC

*BK*

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

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