

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 15 PM 3:13

DOCUMENT # L00060615014

1. Limited Liability Company's Name
Derma, LLC

2. Principal Office Address - No P.O. Box #

8 Wright Street

Suite, Apt #, etc

2nd Floor

City & State

Westport, CT

Zip

06880

Country

USA

3. Mailing Office Address

8 Wright Street

Suite, Apt #, etc

2nd Floor

City & State

Westport, CT

Zip

06880

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/6/2000

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) Suite,

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

323012525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Williams

President

Date **12.15.15**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Edward N. Lerner	8 Wright Street, 2nd Floor	Westport, CT 06880

REINSTATEMENT

DEC 15 2015

R. HUNT

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 of authorized representative/member

Date **12/15/15**

Daytime Phone # **(203) 817-0850**

Typed or printed name of signing authorized representative/member **Edward N. Lerner**

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

ACCOUNT NO. : I20000000195
REFERENCE : 912327 8021330
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : December 15, 2015
ORDER TIME : 1:10 PM
ORDER NO. : 912327-005
CUSTOMER NO: 8021330

DOMESTIC FILINGS

NAME: DERMA, LLC

RECEIVED
DEPARTMENT OF STATE
15 DEC 15 PM 2:04
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

DEC 15 2015

EXAMINER'S INITIALS R. HUNT