PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 DEC -4 AM 11:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12/04/03--01006--027 **150.00

DOCUMENT # L02000008634

1. Limited Liability Company's Name
AVANCIA RESEARCH, LLC

2. Principal Office Address	3. Mailing Office Address
250 Australian Ave.	250 Australian Ave.
Suite, Apt. #, etc.: Suite 500	Suite 500
City & State: West Palm Beach, FL	West Palm Beach, FL
Zip: 33401 Country: US	Zip: 33401 Country: US

4. State/Country of Formation: Palm Beach County, Florida
5. Date Organized or Qualified To Do Business in Florida: 4/9/02
6. FEI Number: 04-3685233 ☐ 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: HCRM Corp.
Street Address (P.O. Box Number is Not Acceptable): 2200 NW Corporate Blvd.
Suite, Apt. #, Etc.: Suite 401
City: Boca Raton State: FL Zip Code: 33431

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: Robert J. Hunt VP Date: 11/25/03
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	Busch, Karen M.D.	250 Australian Ave., Suite 500	West Palm Beach, FL 33401
MGR	Mednick, Steven M.D.	250 Australian Ave., Suite 500	West Palm Beach, FL 33401

REINSTATEMENT 2003

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: [signature] Date: 11/18/03 Daytime Phone #: 954-499-0310

Typed or printed name of signing Managing Member/Manager: Steven Mednick, M.D., Manager