

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 10 AM 11:06

DOCUMENT # L03000009907

1. Limited Liability Company's Name

NNOXE PHARMACEUTICALS LLC

900135131499
08/29/08--01028--008 **555.00

CR2E041 (12/07)

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

5647 110TH AVE. NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

5647 110TH AVE. NORTH

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

Zip

33411

Country

US

Zip

33411

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03/19/2003

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

A1A REGISTERED AGENT INC.

Street Address (P.O. Box Number is Not Acceptable)

5647 110TH AVE. NORTH

Suite, Apt. #, Etc.

City

ROYAL PALM BEACH

State

FL

Zip Code

33411

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Tina Maki **TINAMAKI PRESIDENT**
REGISTERED AGENT MUST SIGN

Date **8/28/08**

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
MGRM	CORNELL BRUXHAM LTD	15 RECTORY ROAD	FARNBOROUGH UK GU147-BU UK

REINSTATEMENT 2005-08

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

Jean G Renard

Date **2008-06-11**

Daytime Phone # **866 703 8828**

Typed or printed name of signing Managing Member/Manager

JEAN G RENARD