PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAY -1 PM 4:22

DOCUMENT # M03000004156

1. Limited Liability Company's Name
Alaven Pharmaceutical LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
265 Davidson Avenue	265 Davidson Avenue
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.:
City & State: Somerset, NJ	City & State: Somerset, NJ
Zip: 08873-4120 Country: USA	Zip: 08873-4120 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 12/15/2003

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: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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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: Connie Bryan Connie Bryan Date: May 1, 2015

REGISTERED AGENT MUST SIGN

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
MGRM	David Vernieri	265 Davidson Avenue	Somerset, NJ 08873
MGRM	Jeffrey Hostler	265 Davidson Avenue	Somerset, NJ 08873
MGRM	Matthew Holley	265 Davidson Avenue	Somerset, NJ 08873

REINSTATEMENT MAY 01 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 4-30-15 Daytime Phone #: 732 564-2200

Typed or printed name of signing Authorized Representative/Manager: David Vernieri