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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M07000000825			
1. Limited Liability Company's Name SCIREX-CT LLC			
2. Principal Office Address - No P.O. Box # 1500 Market Street		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 3500W		Suite, Apt. #, etc.	
City & State Philadelphia, PA		City & State	
Zip 19102	Country USA	Zip	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 02/12/2007	
6. FEI Number 061097413		Applied Fee Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		E-mail Address: jesse@ctc.norwood@premier-research.com	
8. Name and Address of Current Registered Agent CT 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	
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 <i>Vicki Owens</i> Vicki Owens Special Assistant Secretary Date 8/5/13 <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Ludo Reynders	1500 Market Street, Suite 3500W	Philadelphia, PA 19102
MGR	Christopher Codeanne	1500 Market Street, Suite 3500W	Philadelphia, PA 19102
			AUG 06 2013
			S. PRATHER
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. 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.817.165, F.S.			
Signature of Managing Member/Manager <i>Christopher Codeanne</i>		Date 8/1/13	Daytime Phone #
Typed or printed name of signing Managing Member/Manager Christopher Codeanne			

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
SCIREX-CT LLC

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