#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# LIMITED LIABILITY COMPANY REINSTATEMENT



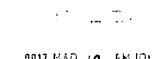
## FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

### M14000005429

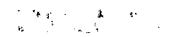
1. Limited Liability Company's Name

DOCUMENT#

New Virtus Pharmaceuticals, LLC



2017 HAR 10 AM 10: 00



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						CD2E044 (4)	1.4)
2. Principal Office Address - No P.O. Box # 50 N. Riverside Plaza		Mailing Office Address     N. Riverside Plaza		CR2E041 (1/14)  4. State/Country of Formation			
Suite, Apt. #, etc. uite 5100		Suite, Apt. #, etc. Suite 5100		Delaware  5. Date Organized or Qualified To Do Business in Florida July 31, 2014  6. FEI Number  Applied For			
City & State Chicago, IL		City & State Chicago, IL					
Zip 0606	Country U.S.A.	Zip 60606		ountry S.A.	7. CERTIFICATE OF	STATUS DESIRED	Not Applicable  \$5.00 Additional Fee required for a Certificate of Status
	8. Name and Addre	ess of Current Regis	tered Agent				
Street Add	ration System ress (P.O. Box Number is Not Accep n Pine Island Road #, Etc.	table)			-		
City Plantation			State FL	33324			
9. I. being Signature o Registered		REGISTERED AG	James M Assistant	M. Halpin Secretary	nd accept the obliga	3/9/201 Date	
10. Name	es and Street Addresses of Authorize	d Representatives/Ma	anagers				
Titles	Name of Authorized Represent Managers	Authorized Representatives/		Street Address of Each Authorized Representative/ Manager		City	/ State / Zip
manager	Tina Guilder		2649 Causeway Center Drive		Tampa,	FL 33619	
manager	Damian Finio		2649 Causeway Center Drive		er Drive	Tampa,	, FL 33619
manager	Anthony B. Davis		150 N. Riverside Plaza, Suite 5100		Chicago	o, IL 60606	
manager	ger Joshua M. Reilly		150 N. Riverside Plaza, Suite 5100		Chicago	o, IL 60606	
							·
44 5 " '	Address: U.S. C.			_	<u></u>		
	Address: tguilder@virtusrx.co			uture annual report notifica			
12. I certify	that I am an authorized representat	ve/manager or the re-	ceiver or truste	e empowered to execu-	te this application as	s provided for in Chapter	608, F.S. I further certify that section 605 0012, F.S., and

(To be used for future ann	ual report notifications)	
12. I certify that I am an authorized representative/manager or the receiver or trustee empow when filing this reinstatement application the reason for dissolution has been eliminated, the I that all fees owed by the limited liability company have been paid. The information indicated cas if made under oath. I am aware that false information submitted to the Department of State	imited liability company name on this application is true and	e satisfies the requirements of section 605.0012. F.S., and accurate, and my signature shall have the same legal effect
Signature of Authorized Representative/Manager  Typed or printed name of signing Authorized Representative/Manager  Tina Guilder	3/9/2017	Daytime Phone # (813) 283-1344 x227

#### **CT CORP**

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date		- a: 15W
	ACCT. I20160000072	
Name:	NEW VIRTUS	PHARMEC EUTKAH S
Document #:		
Order #:	10400189	(10F2)
Certified Copy of Arts & Amend:		
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Plain Copy: Certificate of Good	1	
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Availability	Plain: COGS:	Return
Document	Amount: \$ 516.25	
Examiner		
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Verifier W.P. Verifier Ref#	100y 546.25	e Reinstatement
	Thank you!	