

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M14000005429

1. Limited Liability Company's Name  
New Virtus Pharmaceuticals, LLC

2017 MAR 10 AM 10:00

300296551123

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 150 N. Riverside Plaza Suite, Apt. #, etc. Suite 5100 City & State Chicago, IL Zip 60606		Country U.S.A.	
3. Mailing Office Address 150 N. Riverside Plaza Suite, Apt. #, etc. Suite 5100 City & State Chicago, IL Zip 60606		Country U.S.A.	

4. State/Country of Formation  
Delaware

5. Date Organized or Qualified  
To Do Business in Florida  
Jul 31, 2014

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

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 James M. Halpin  
Assistant Secretary  
REGISTERED AGENT MUST SIGN

3/9/2017

Date

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
manager	Tina Guilder	2649 Causeway Center Drive	Tampa, FL 33619
manager	Damian Finio	2649 Causeway Center Drive	Tampa, FL 33619
manager	Anthony B. Davis	150 N. Riverside Plaza, Suite 5100	Chicago, IL 60606
manager	Joshua M. Reilly	150 N. Riverside Plaza, Suite 5100	Chicago, IL 60606

11. E-mail Address: tguild@virtusrx.com

(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 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 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 Tina Guilder Date 3/9/2017 Daytime Phone # (813) 283-1344 x227

Typed or printed name of signing Authorized Representative/Manager Tina Guilder

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 3-10-17  
ACCT. I20160000072

*en: c SW*

Name:	NEW VIRTUS PHARMACEUTICALS
Document #:	LLC
Order #:	10400189 (1 of 2)

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	<input checked="" type="checkbox"/>	Certified:	<input checked="" type="checkbox"/>
		Plain:	<input checked="" type="checkbox"/>
		COGS:	<input checked="" type="checkbox"/>

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 516.25

cert - ~~130.00~~  
copy 516.25

Thank you!

*Please X  
Return  
a cert  
copy of  
the Reinstatement  
Filing!*