APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 12 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002

DOCUMENT # M98000000178

REINSTATEMENT 2001-2002

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-07/15/02--01081--002
****150.00 ****150.00

1. Limited Liability Company's Name
Merial LLC

2. Principal Office Address	**3.** Mailing Office Address
3239 Satellite Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Duluth, GA	
Zip / Country	Zip / Country
30096 / USA	

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 8/1/97

6. FEI Number: 52-2048950 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System

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

Suite, Apt. #, Etc.:

City: Plantation, FL | 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: Shelley Savage — REGISTERED AGENT MUST SIGN

Shelley Savage
Vice President

Date: 7/9/02

CR2E041 (9/01)

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
Mgr	Laura Johnson	3239 Satellite Blvd.	Duluth, GA 30096
			800006411938--3 -07/15/02--01081--003 *****50.00 *****50.00

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: Laura H Johnson Date: 5/4/02 Daytime Phone #: 678-638-3723

Typed or printed name of signing Managing Member/Manager: Laura H. Johnson