

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00000027765**

1. Corporation Name

FAULDING CONSUMER, INC.

Principal Place of Business

100 W CYPRESS RD
SUITE 885
FT. LAUDERDALE FL 33209-2112

Mailing Address

100 W CYPRESS RD
SUITE 885
FT. LAUDERDALE FL 33209-2112

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/17/2000

5. FEI Number

65-1008142

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Joe Bayer	115 SHERRIFF STREET	UNDERDALE SA AU 5032
Dir	Stuart James	115 SHERRIFF STREET	UNDERDALE SA AU 5032
SAT	GRIFFITH, WILLIAM R	599 Lexington Avenue	NEW YORK New York 10022
VP	Andrew Vidler	100 W CYPRESS CREEK RD # 885	FORT LAUDERDALE FL 33309
Dir	Peter Jenkins	115 SHERRIFF STREET	UNDERDALE SA AU 5032
Dir	Peter Hourihan	115 SHERRIFF STREET	UNDERDALE SA AS 5032

8. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 S. DADELAND BLVD., STE. 508
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Michael A. Barr REGISTERED AGENT MUST SIGN

Date

300009091653
11/20/02--01004-019 **758.75

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Griffith

November 15, 2002

Date

Daytime Phone #

CR2E040 (8/02)