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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E051 (8/05)

DOCUMENT # P02000047789

1. Corporation Name: XENOMICS, INC.

2. Principal Office Address		3. Mailing Office Address	
420 Lexington Avenue		420 Lexington Avenue	
Suite, Apt. #, etc.: Suite 1701		Suite, Apt. #, etc.: Suite 1701	
City & State: New York, NY		City & State: New York, NY	
Zip: 10170	Country: New York	Zip: 10170	Country: New York

4. Date Incorporated or Qualified To Do Business in Florida: 4/26/02

5. FEI Number: 04-372-1895 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT Corporate 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Melissa Fox Assistant Secretary Date: 11/9/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Co-Chair	Bates Jones	420 Lexington Ave	New York, NY 10170
Co-Chair	Gabriele Cerrone	Suite 1701	
DIR	John Brancaccio	SAME	SAME
DIR	Colin Foster		
DIR	Donald Picker	SAME	SAME
DIR	David Sidransky		
DIR	Samuel Ukransky	SAME	SAME
CFO + Sec	Frederick Larcombe	SAME	SAME
		—	—

10. 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] FREDERICK LARCOMBE 10/12/06 212-297-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

XENOMICS, INC.

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