

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000123498**

1. Corporation Name

FERMAVIR PHARMACEUTICALS, INC.

2. Principal Office Address - No P.O. Box #

430 LEXINGTON AVE

Suite, Apt. #, etc.

SUITE 445

City & State

NEW YORK, NY

Zip

10170

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

NOV 15 2002

5. FEI Number

16-1639902

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

N/A

City

PLANTATION

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date **3/23/07**

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
CHAIRMAN	GABRIELE CERRONE	430 LEXINGTON AVE - 445	NEW YORK NY 10170
CEO			900095801779
+ DIR	GEOFFREY HENSON	"	04/04/07--01030--025 **900.00
CFO	FREDERICK LARCOMBE	"	900095801779
			04/04/07--01030--026 **8.75
DIR	JOHN BRANCACCIO	"	"
DIR	RICHARD WHITLEY	"	"
DIR	CHRIS MCGUIGAN	"	"

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 contained in Chapter 119, 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:

Fredrick Larcombe

**FREDERICK
LARCOMBE**

3/20/07

Date

732-859-9893

Daytime Phone #