PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 OCT 16 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

DOCUMENT # P05000151632

1. Corporation Name

SYNERGY PHARMACEUTICALS, INC.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 420 LEXINGTON AVE | |
| Suite, Apt. #, etc. Suite 1609 | Suite, Apt. #, etc. |
| City & State New York, NY | City & State |
| Zip 10170 Country U.S.A. | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida 11/15/05

5. FEI Number 20-3823853 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee (optional)

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.:

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, do hereby agree to comply with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Mark S. Eddey Assistant Vice-President and Secretary — Date: 10/16/08

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 |
|---|---|---|---|
| Pres. | GARY S. VACCA | 420 LEX AVE. Suite 1609 | NY NY 10170 |
| VP | BERNARD F DENOYER | " " | " " |
| CHMN | GABRIELE M. CERRONE | " " | " " |
| | | | |
| | | | |
| | | | |

REINSTATEMENT
2008

10. I certify that I am an officer or director of 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: Bernard F DeNoyer — SR. VICE PRESIDENT, FINANCE & SECRETARY — 10/16/08 — 212-297-0018

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

FL010 - 10/05/2008 CT System Online

# Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000237211 3)))

H08000237211 3ABCY

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

## CORPORATION REINSTATEMENT

### SYNERGY PHARMACEUTICALS, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$758.75~~ |

$158.75

Electronic Filing Menu Corporate Filing Menu Help