

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000151632

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Entity Name:** SYNERGY PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

420 LEXINGTON AVE  
SUITE 1609  
NEW YORK, NY 10170

**New Principal Place of Business:**

**Current Mailing Address:**

6334 WINFIELD BLVD  
MARGATE, FL 33063

**New Mailing Address:**

420 LEXINGTON AVE  
SUITE 1609  
NEW YORK, NY 10170

**FEI Number:** 20-3823853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** ALFREDO MORALES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** JACOB, GARY S  
**Address:** 420 LEXINGTON AVE, SUITE 1609  
**City-St-Zip:** NY, NY 10170

**Title:** CHRM  
**Name:** CERRONE, GABRIELLE M  
**Address:** 420 LEXINGTON AVE, SUITE 1609  
**City-St-Zip:** NY, NY 10170

**Title:** VP  
**Name:** DENOYER, BERNARD F  
**Address:** 420 LEXINGTON AVE, SUITE 1609  
**City-St-Zip:** NY, NY 10170

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BERNARD F DENOYER

VP

10/14/2010

Electronic Signature of Signing Officer or Director

Date