

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*page 1 of 2*

**CORPORATION**  
~~REINSTATEMENT~~  
*2002*

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

**DOCUMENT # P 93000051704**  
 1. Corporation Name  
**West Pharmaceutical Services of Florida, Inc**

|  |         |   |         |
|--|---------|---|---------|
| 2. Principal Office Address<br>11600 53rd St N |         | 3. Mailing Office Address<br>101 Gordon Drive |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc.<br>C/O Tax Dept           |         |
| City & State<br>Clearwater, FL                 |         | City & State<br>Lionville, PA                 |         |
| Zip<br>34670                                   | Country | Zip<br>19341                                  | Country |

**FILED**  
 02 NOV 18 PM 2:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

100009055201  
 11/18/02--01105--001 \*\*150.00

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 52-1834733 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City Talahassee, State FL Zip Code 32301

*DL WBR*

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 *Camela L. Semper* AUTHORIZED REPRESENTATIVE Date 10/25/02  
 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  |
|--------|-----------------------------------|--|---------------------|
| S      | John Gailey                       | 101 Gordon Drive                               | Lionville, PA 19341 |
| V      | Michael A. Anderson               | 101 Gordon Drive                               | Lionville, PA 19341 |
| P      | Fred McCleery                     | 11600 53rd St N                                | Clearwater, FL      |
| T      | Gwen Bartles                      | 11600 53rd St N                                | Clearwater, FL      |
|        |                                   |  |                     |
|        |                                   |  |                     |

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)(f), 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]* 11/01/02 610 594-3358  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



GLOBAL HEADQUARTERS  
101 Gordon Drive • Lionville, PA 19341  
TEL 610-594-2900 • FAX 610-594-3000  
www.westpharma.com

*PAEW*

October 25, 2002

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: West Pharmaceutical Services of Florida, Inc.  
52-1834733  
Application for Reinstatement of  
Administrative Dissolution  
  
Document # P-3000051704

Gentlemen:

In accordance with the instructions attached to the application for reinstatement, **I do hereby certify that, to the best of my knowledge, we never received the appropriate forms for the annual report filing.**

We hereby request reinstatement, and accordingly enclose all applicable fees and applications to accomplish that. Should you have any additional questions, please contact:

Charles E. Etzler  
State Tax Manager  
West Pharmaceutical Services, Inc  
610.594.3358

We appreciate your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "Michael A. Anderson".

Michael A. Anderson  
VP- Treasurer