

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000062493

Entity Name: IVAX PHARMACEUTICALS NV, INC.

FILED
Oct 09, 2007
Secretary of State

Current Principal Place of Business:

140 LAGRANDE AVENUE
ATTN: LEGAL AFFAIRS
NORTHVALE, NJ 07647 US

New Principal Place of Business:

Current Mailing Address:

140 LAGRANDE AVENUE
ATTN: LEGAL AFFAIRS
NORTHVALE, NJ 07647 US

New Mailing Address:

C/O RICHARD EGOSI
425 PRIVET RD
HORSHAM, PA 19044 US

FEI Number: 65-0547890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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: CORPORATE CREATIONS NETWORK INC.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BARRETT, GEORGE
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: EXVP () Delete
Name: MARTIN, WILLIAM
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: TREA () Delete
Name: DURAND, MARK
Address: 1090 HORSHAM ROAD
City-St-Zip: NORTH WALES, PA 19454 US

Title: SEC () Delete
Name: EGOSI, RICHARD
Address: 425 PRIVET ROAD
City-St-Zip: HORSHAM, PA 19044 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD EGOSI

SEC

10/09/2007

Electronic Signature of Signing Officer or Director

Date