

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 30 PM 12:08

DOCUMENT # **P97000005683**

1. Corporation Name

NDC Purchaseco, Inc.

2. Principal Office Address

14201 NW 60th Avenue

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33014

Country

USA

3. Mailing Office Address

c/o Johnson & Johnson

Suite, Apt. #, etc.

One J&J Plaza, WH3163

City & State

New Brunswick

Zip

NJ

Country

08933

REINSTATEMENT 98-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/21/1997

5. FEI Number

22-3573135

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.

City

Plantation

State

FL

Zip Code

33324

500020683155

06/09/03 01063 023 ***1500.00

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

Jill E. Kranz

Jill E. Kranz
Assistant Secretary

Date 5/29/03

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
D/P	J. L. Prati	NDC Purchaseco, 14201 NW 60th Avenue	Miami Lakes, FL 33014
D/S	E. Roth	NDC Purchaseco, 14201 NW 60th Avenue	Miami Lakes, FL 33014
V	M. Ullmann	c/o Johnson & Johnson, One J&J Plaza	New Brunswick, NJ 08933
T	J. L. Prati	NDC Purchaseco, 14201 NW 60th Avenue	Miami Lakes, FL 33014

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)(i), 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:

M. Ullmann

M. Ullmann, Vice President

05/27/03

7325242018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #