


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000000318

1. Corporation Name
Onyx Pharmaceuticals, Inc.

2. Principal Office Address
2100 Powell Street
Suite, Apt. #, Etc.

3. Mailing Office Address
2100 Powell Street
Suite, Apt. #, Etc.

City & State
Emeryville, CA

City & State
Emeryville, CA

Zip
94608

Country
USA

Zip
94608

Country
USA

2007 NOV 15 PM 4: 08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

4. Date Incorporated or Qualified To Do Business in Florida **01/17/2006**

5. FEI Number **94-3154463**

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$5.75 Additional Fee required for a Certificate of Status

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
Tallahassee

State
FL

Zip Code
32301-2525

REINSTATEMENT 2007

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent *Troy Todd* **Troy Todd**
as its agent

REGISTERED AGENT MUST SIGN

Date **11-15-2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ceo	Renton, Hollings C	2100 Powell St 12th Floor	Emeryville CA 94608
ceo	Goodard, Paul PH.D.	6300 Dumbarton Circle	Freemont CA 94555
c	Grillo-Lopez, Antonio M.D.	P.O. Box 3797	Rancho Santa Fe CA 92067
v	Lyle, Corrine H	One Edwards Way	Irvine CA 92614
pceo	Wiggins, Thomas G	3160 Porter Drive	Palo Alto CA 94027
v	Giotta, Gregory J PH.D.	2100 Powell St. 12th Floor	Emeryville CA 94608

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 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: *Greg Schaler, CFO* **11/14/07 (510) 597-6501**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GREG SCHALER Date Day/Use Phone #

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.

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RESUBMIT
Please give original
submission date as file date.

Troy #2940

CORPORATION REINSTATEMENT

ONYX PHARMACEUTICALS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	<i>03</i>
Estimated Charge	\$750.00