

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 03000037773

1. Limited Liability Company's Name:

R & R Abarbanel, LLC

2. Principal Office Address - No P.O. Box #

961 Woodville Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Zip

32327

Country

USA

Zip

32327

Country

US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

10/03/03

6. FEI Number

200631793

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

0001 Abarbanel, Rita

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

3524 Trillium Court

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12.29.09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR.	Abarbanel, Rita	3524 Trillium Court	Tallahassee, FL 32312
None			
Other			
Sub			
CD			

11. E-mail Address: r.andr@wakullastationpharmacy.com

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Date 12.29.09 Daytime Phone # 850.980-2204

Typed or printed name of signing Managing Member/Manager Rita Abarbanel

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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