

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000008497

**FILED**  
**Oct 27, 2011**  
**Secretary of State**

**Entity Name:** RISE N SHINE PHARMACY, INC.

**Current Principal Place of Business:**

18493 NW 22ND STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

17913 NW 7 STREET  
104  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

18493 NW 22ND STREET  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

17913 NW 7 STREET  
104  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 26-1817189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TELLA, OLUYINKA  
18493 N W 22ND STREET  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

TELLA, OLUYINKA  
17913 NW 7 STREET  
104  
PEMBROKE PINES, FL 33029 US

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: OLUYINKA TELLA

10/27/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TELLA, LYDIA  
Address: 18493 NW 22ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP  
Name: TELLA, OLUYINKA  
Address: 18493 NW 22ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029 US

I hereby 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 all other like empowered.

SIGNATURE: OLUYINKA TELLA

VP

10/27/2011

Electronic Signature of Signing Officer or Director

Date