

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -4 PM 2:16

DOCUMENT # P99000013297

1. Corporation Name

DOCTOR'S RX US, INC.

2. Principal Office Address

10921 N. DALE MABRY HWY.

Suite, Apt. #, etc.

3. Mailing Office Address

10921 N. DALE MABRY HWY.

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33618

Country

USA

Zip

33618

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

02/08/99

5. FEI Number

59-3555807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

GIL ARMANDO ADRNO ORTEGA

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

3484 MARLINSPIKE DRIVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 5.30.01

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
P/D	GIL ARMANDO ADRNO ORTEGA	3484 MARLINSPIKE DRIVE	TAMPA, FL. 33607
VP	CARMEN ORTEGA ALEJANDRO	4613 NORTH EMERALD AVENUE	TAMPA, FL. 33614
VP	LUIS MANUEL OLIVO PEREZ	3484 MARLINSPIKE DRIVE	TAMPA, FL. 33607
TREAS.	WANDA IVELISSE OLIVO CANACHO	3484 MARLINSPIKE DRIVE	TAMPA, FL. 33607

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:

[Handwritten Signature] GIL A. ADRNO

5.30.01

Date

(813)917-0852

Daytime Phone #

CR2E081 (8/00)