PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 APR -4 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F11000001676

1. Corporation Name

Top Rx, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2950 Brother Blvd		2950 Brother Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Bartlett, TN		Bartlett, TN	
Zip	Country	Zip	Country
38133	USA	38133	USA

4. Date Incorporated or Qualified To Do Business In Florida
4/18/11

5. FEI Number
62-1422578
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Incsmart Florida, Inc.

Street Address (P.O. Box Number is Not Acceptable)
4865 47th Place

Suite, Apt. #, Etc.

City	State	Zip Code
Vero Beach	FL	32967

REINSTATEMENT -2012-2013

400258673224
04/04/14--01032--002 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 4-1-2014
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
V	Elaine McNutt	2950 Brother Blvd	Bartlett, TN 38133
P/D	Scott Franklin	2950 Brother Blvd	Bartlett, TN 38133
S	Teresa King	2950 Brother Blvd	Bartlett, TN 38133
M	Anne Tetreault	2950 Brother Blvd	Bartlett, TN 38133

10. E-mail Address: a.tetreault@toprx.net a.tetreault@toprx.net
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Anne Tetreault ANNE TETREAULT 4/3/14
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR Date Daytime Phone #

APR 4 2014
WILLIAMS