

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
13 OCT 25 AM 9:57
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT
INTEGRATED PRESCRIPTION SOLUTIONS, INC.


Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

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S. HAWKES
OCT 28 2013
Help EXAMINER

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F11000004205					
1. Corporation Name Integrated Prescription Solutions, Inc.					
2. Principal Office Address - No P.O. Box # 3190A Airport Loop Drive Suits, Apt #, etc.			3. Mailing Office Address 3190A Airport Loop Drive Suits, Apt #, etc.		
City & State Costa Mesa, CA		City & State Costa Mesa, CA		4. Date incorporated or Quashed To Do Business in Florida 10/18/2011	
Zip 92626	Country US	Zip 92626	Country US	5. FEI Number 264293537	Applied For Not Applicable
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suits, Apt #, Etc.				6. CERTIFICATE OF STATUS DESIRED \$3.75 (Amount of Fee Required for a Certificate of Status)	
City Plantation		State FL	Zip Code 33324		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent <u>Nicole Chouinard</u> Assistant Secretary Date <u>10/24/2013</u> REGISTERED AGENT MUST SIGN					
9. Name 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	
P/T/S/D	Greg Todd	3190A Airport Loop Drive		Costa Mesa, CA 92626	
				S. HAWKES	
				OCT 28 2013	
				EXAMINER	
REINSTATEMENT					
2013-13					
10. E-mail Address: <u>gtodd@ipusa.com</u> (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 on this document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.)					
SIGNATURE:		SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/24/13 1945423-0131	