

F19000003655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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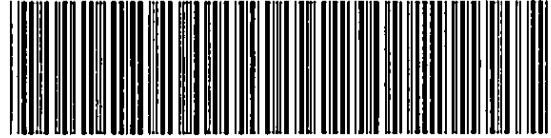
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

Z BROWN

AUG 09 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 875697 8157470

AUTHORIZATION

COST LIMIT : \$ 70.00



ORDER DATE : August 8, 2019

ORDER TIME : 3:29 PM

ORDER NO. : 875697-105

CUSTOMER NO: 8157470

FOREIGN FILINGS

NAME: RESTORE RX, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Restore Rx, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 26-3016448
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/01/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5169 Brunswick Road, Box 305 Brunswick, TN 38014
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Roxanne Turner

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS

Address: _____

Address: _____

Address: 501 Howard Avenue, Suite 204, Altoona, PA 16601

Address: _____

President: Gregory Drew

Address: 195 Theater Drive, Duncansville, PA 16635

Vice President: Morgan Williams

Address: 5169 Brunswick Road, Box 305, Brunswick, TN 38014

Secretary: Francis X. Straub III

Address: 4 Railroad Street, St. Marys, PA 15857

Treasurer: William D. Thompson II

Address: 600 East Chestnut Avenue, Altoona, PA 16601

12. Morgan Waller
Signature of Director or Officer

13. Morgan Williams, Vice President

(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CORPORATION SERVICE COMPANY

August 8, 2019

LISA RICHARD
251 LITTLE FALLS DRIVE
WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #: 0325752

Issuance Date: 08/08/2019

Copies Requested: 1

Document Receipt

Receipt #: 004960759

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3763462406

\$20.00

Regarding: RESTORE RX, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 582936

Formation/Qualification Date: 08/01/2008

Date Formed: 08/01/2008

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

RESTORE RX, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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