

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

FILED

02 JAN 10 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009036

1. Limited Liability Company's Name

MED RX LLC

600004777316--7  
-01/16/02--01027--009  
\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

800 W OAKLAND PARK BLVD

Suite, Apt. #, etc.

302

City & State

FT LAUDERDALE, FL

Zip Country

F 33311 BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10-1-00

6. FEI Number

65-1030083

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RICHARD CHERRY

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

1665 PALM BEACH LAKES BLVD

Suite, Apt. #, Etc.

#600

City

WEST PALM BEACH

State

FL

Zip Code

33401

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Richard Cherry

REGISTERED AGENT MUST SIGN

Date

1-1-02

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

THE PAMELA WALTER 5920 NE 14th Rd FT LAUDERDALE, FL 33314

REINSTATEMENT

2001

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Pam Walter

Date 12-30-01

Daytime Phone # 954-537-7309

Typed or printed name of signing Managing Member/Manager

PAM WALTER

CR2EM1 (9/01)