

L00000013441

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 FEB 20 PM 4:05

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013441

1. Limited Liability Company's Name

HARMON-LEVINE, LLC

200012871662  
02/20/03--01054--006 \*\*410.00

2. Principal Office Address

2178 West Atlantic Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2178 West Atlantic Avenue

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

10/27/2000

6. FEI Number

65-105 0459

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

LEVINE, MORDECAI

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

555 OLD SCHOOL ROAD

Suite, Apt. #, Etc.

City

GULF STREAM

State

FL

Zip Code

33483

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/17/03

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
MGR	MORDECAI LEVINE	555 OLD SCHOOL ROAD	GULF STREAM, FL 33483

REINSTATEMENT 2002-03

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

*[Signature]*

Date

2/17/03

Daytime Phone #

561-265-2965

Typed or printed name of signing Managing Member/Manager

MORDECAI LEVINE, MANAGER

**Buchanan Ingersoll**  
ATTORNEYS

Carolyn M. Sookram  
(813) 222-8178  
sookramcm@bipc.com

SunTrust Financial Centre  
401 E. Jackson Street, Suite 2500  
Tampa, FL 33602-5236

T 813 222 8180  
F 813 222 8189  
www.buchananingersoll.com

February 18, 2003

**VIA FEDERAL EXPRESS**

**ATTN: LLC Reinstatements**  
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**Re: Reinstatements for  
American Asthma & Diabetes Pharmacy, L.L.C. (L00000013443) and  
Harmon-Levine, LLC (L00000013441)**

Dear Madam or Sir:

We have enclosed Reinstatement forms for American Asthma & Diabetes Pharmacy, L.L.C. and Harmon-Levine, LLC along with a check from the former made payable to the Florida Department of State in the amount of \$410. This payment covers the reinstatement fee for each LLC (\$100 each), annual report fees for 2002 (\$50 each), annual report fees for 2003 (\$50 each), and two certificates of status (\$5 each). These entities were administratively dissolved in 2002. Please reinstate these LLC's to active status, and then please provide certificates of status for each indicating active status.

Thank you very much for your assistance. If you have any questions, please do not hesitate to call me at (813) 222-8178.

Sincerely,

  
Carolyn M. Sookram

Enclosures

cc: Linda L. Fleming, Esq. (w/encl)

FILED  
2003 FEB 20 PM 4:05  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA