

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013443

1. Limited Liability Company's Name

AMERICAN ASTHMA & DIABETES PHARMACY, L.L.C.

2. Principal Office Address

2178 West Atlantic Avenue

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33445

Country

PALM BEACH

3. Mailing Office Address

2178 West Atlantic Avenue

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

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

65-1047354

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

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	HARMON-LEVINE, LLC	2178 West Atlantic Avenue	Delray Beach, FL 33445

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

Date

2/17/03

Daytime Phone #

561-2652965

Typed or printed name of signing Managing Member/Manager

HARMON-LEVINE, LLC, MANAGER, by its Manager MORDECAI LEVINE

FILED

2003 FEB 20 PM 4:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

700012871617
02/20/03--01054--006 **410.00

CR2E041 (10/02)

Buchanan Ingersoll
ATTORNEYS

Carolyn M. Sookram
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February 18, 2003

VIA FEDERAL EXPRESS

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

FILED
2003 FEB 20 PM 4:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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)