

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000013473

1. Limited Liability Company's Name

American Pharmacy Services Organization, L.L.C.

100005179691--9
-04/01/02--01060--002
****200.00 ****200.00

2. Principal Office Address

661 Brickell Key Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Office Address

661 Brickell Key Drive

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33131

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/02/2000

6. FEI Number

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
George Fernandez

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

8510 SW 124th Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33156

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

Date 02-15-02

REGISTERED AGENT MUST SIGN

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
President	George L. Fernandez	8510 SW 124 St	Miami, FL 33156
SVP	Aldina Shirko-Fernandez	8510 SW 124 St	Miami, FL 33156

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 02-15-02

Daytime Phone # 305-577-0577

Typed or printed name of signing Managing Member/Manager

George L. Fernandez