

L01000000902

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 23 AM 8:58

DOCUMENT # L01000000902

1. Limited Liability Company's Name

Rx On The Run, LLC

2. Principal Office Address

10038 W. McNab Rd

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

Broward

3. Mailing Office Address

10038 W. McNab Rd

Suite, Apt. #, etc.

City & State

Tamarac, FL

Zip

33321

Country

Broward

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/18/01

6. FEI Number

65-1070480

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

SASQUIA Micles-MADRIGAL

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

5780 S. PLUM BAY PKWY

Suite, Apt. #, Etc.

Tamarac

City

Tamarac, FL

State

FL

Zip Code

33321

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

Sasquia Micles-Madrigal
REGISTERED AGENT MUST SIGN

Date

11/22/04

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	Carlos Madrigal	5780 S. PLUM BAY PKWY	Tamarac, FL 33321
V.P.	SASQUIA Micles-MADRIGAL	5780 S. PLUM BAY PKWY	TAMARAC, FL 33321

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

Sasquia Micles-Madrigal

Date

11/22/04

Daytime Phone

(954) 721-3130

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)