

PLEASE READ ALL 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

05 APR -4 AM 10:49

DOCUMENT # L01000011665

1. Limited Liability Company's Name

Rx RANCH, LLC

2. Principal Office Address

1109 Bryn MAWR

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

3. Mailing Office Address

P.O. Box 3912

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7-16-2001

6. FEI Number

59-3743778

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

JAMES D. MORGAN

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

1109 BRYN MAWR

Suite, Apt. #, Etc.

City

LAKE WALES

State

FL

Zip Code

33853

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

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
MGRM	JAMES D. MORGAN	1109 BRYN MAWR	LAKE WALES, FL 33853

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

James D. Morgan

Date

24 MAR 2005

Daytime Phone #

863-676-3411

Typed or printed name of signing Managing Member/Manager

JAMES D. MORGAN

CR2E041 (10/02)