

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

LOUISIANA DEPARTMENT OF REVENUE  
in Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013294

Name and Mailing Address

0002072 01 FP 0.352 \*\*PRSRT T7 0 0615 33140-274712



RX INTERNATIONAL CONSULTING LLC

5005 COLLINS AVE. APT 1212

MIAMI BEACH FL 33140-2747



2. New Mailing Address

P.O. Box 227758

City, State, Zip  
Miami, FL 33122-7758

Principal Place of Business

5005 COLLINS AVE. APT 1212  
MIAMI BEACH FL 33140

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/08/2001

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

BENITEZ, JOSE A  
5005 COLLINS AVE. APT 1212  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Jose G. Benitez

Date 12/10/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Director	Jose A. Benitez	5005 Collins Ave. #1212 Miami Beach, FL 33140	

200009527522  
12/16/02--01083--004 \*\*150.00

REINSTATEMENT 2002

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12. 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

Jose G. Benitez

Date 12/10/02

Daytime Phone # (305) 470-9292

Typed or printed name of signing Managing Member/Manager

Jose A. Benitez

CR2E084 (8/02)