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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000022372

**APPLICATION FOR REINSTATEMENT**
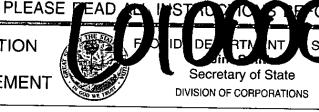
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 AM 10: 46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**1. DOCUMENT #** L01000022372

Name and Mailing Address

0002084 01 FP 0.352 **PRSRT T7 0 0615 33140-366545
NUPHARMA SOLUTIONS, LLC
4045 SHERIDAN AVE. #363
MIAMI BEACH FL 33140-3665

MJM

11/4 2002

| **2.** New Mailing Address | **4.** State/Country of Formation |
| Same | FL |
| City, State, Zip | **5.** Date Organized or Qualified To Do Business in Florida   12/21/2001 |

CR2E084 (8/02)

| Principal Place of Business | **3.** New Principal Place of Business Address | **6.** FEI Number | Applied For |
| 4045 SHERIDAN AVE. #363 MIAMI BEACH FL 33140 | Same City, State, Zip | 56-2287500 | 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 | **9.** Name and Address of New Registered Agent |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | Name   Judith Kenney Street Address (P.O. Box Number is Not Acceptable)   Montello & Kenney, P.A. 777 Brickell Avenue, Suite 1070 City   Miami   FL   Zip Code 33131 |

**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 _____ Judith Kenney _____   Date Oct. 29, 2002
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 |
|---|---|---|---|
| CEO | Michael J. Kessler | 4045 Sheridan Ave | Miami Beach, FL 33140 |
| PRES | David Norton | 4045 Sheridan Ave | Miami Beach, FL 33140 |

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11/04/02--01018--020  **150.00

**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 _____ Michael Kessler _____   Date 10/22/02   Daytime Phone # 305-861-3855

Typed or printed name of signing Managing Member/Manager