

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:26

DOCUMENT # L 02 000002061

1. Limited Liability Company's Name

HARRISONS PHARMACY LLC

2. Principal Office Address

4275 LILLIAN HALL LANE

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32812

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

*[Signature]*

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business In Florida

1/28/02

6. FEI Number

75-2985752

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

EDWARD T HARRISON

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

4275 LILLIAN HALL LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32812

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date Sept 15, 06

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	EDWARD T HARRISON	4275 LILLIAN HALL LANE	ORLANDO FL 32812
			300080004053
			09/20/06--01054--028 **300.00
			REINSTATEMENT 03-06

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

*[Signature]*

Date

9/15/06

Daytime Phone #

407-894-2373

Typed or printed name of signing Managing Member/Manager

EDWARD T HARRISON