

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED 1882

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LS2000008071

1. Limited Liability Company's Name
Pharmacy Marketing Services, LLC

2. Principal Office Address
2881 East Oakland Park Blvd

Suite, Apt. #, etc.
Suite 309

City & State
Fort Lauderdale, FL

Zip
33306

Country
USA

3. Mailing Office Address
2881 East Oakland Park Blvd

Suite, Apt. #, etc.
Suite 309

City & State
Fort Lauderdale, FL

Zip
33306

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Name
Bernard M. Cassidy, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2881 East Oakland Park Blvd

Suite, Apt. #, Etc.
Suite 310

City
Fort Lauderdale

State
FL

Zip Code
33306

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
5/3/04

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
MGR	Lawrence Pinkoff	2881 East Oakland Park Blvd Suite 309	Fort Lauderdale, FL 33306

REINSTATEMENT

03-04
OK

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
05/03/04

Daytime Phone # 954-315-1726

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

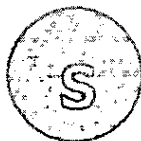
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FILED

04 MAY 12 PM 12:17

Pharmacy Marketing Services, LLC

TALLAHASSEE, FLORIDA



May 3, 2004

Department of State
Division of Corporations
Reinstatement Department
P.O. Box 6327
Tallahassee, FL 32314

**Re: Pharmacy Marketing Services, LLC
Document No. L02000008071
Request for Waiver of Reinstatement Fee**

To whom it may concern:

Pursuant to my assistant's conversation this date with your office, this letter shall serve as request for a waiver of the reinstatement fee for the above referenced corporation. This corporation was previously registered at 4101 Ravenswood Road, Suite No. 403, Dania, FL 33312. All mail was supposed to have been forwarded to my new address. Unfortunately it was not and I never received the renewal notice.

I have enclosed the corporation reinstatement along with a company check in the amount of \$300.00 made payable to the Department of State.

Thank you for your consideration in this matter. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Lawrence D. Pinkoff

General Managing Member, pms

ENCLOSURES

ENCLOSURE

300.00



pms