

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 # L02000008071

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

2. Principal Office Address 2881 East Oakland Park Blvd 3. Mailing Office Address 2881 East Oakland Park Blvd

Suite, Apt. #, etc. Suite 309 Suite, Apt. #, etc. Suite 309

City & State Fort Lauderdale, FL City & State Fort Lauderdale, FL

Zip 33306 Country USA 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 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 Date 5/3/04 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Entry: MGR, Lawrence Pinkoff, 2881 East Oakland Park Blvd Suite 309, Fort Lauderdale, FL 33306. Includes stamp: REINSTATEMENT 03-04 and signature.

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 Date 05/03/04 Daytime Phone # 954-315-1726

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

202

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

Principal Managing Member

300.00



pms