

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 DEC 18 PM 1:58

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000021721

Name and Mailing Address

0013262 01 AT 0.292 **AUTO TB 2 0615 34983-291632



DRUGS RX US, LLC
532 SW TODD AVE.
PORT ST. LUCIE FL 34983-2916



2. New Mailing Address

2760 TALL Pine Street

City, State, Zip

FORT Pierce, FL 34945

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/23/2002

Principal Place of Business

532 SW TODD AVE.
PORT ST. LUCIE FL 34983

3. New Principal Place of Business Address

2760 TALL PINE STREET

City, State, Zip

FORT Pierce, FL 34945

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

MACIAS, EVA
532 SW TODD AVE.
PORT ST. LUCIE FL 34983

9. Name and Address of New Registered Agent

Name

MACIAS, DAVID

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

2760 TALL Pine STREET

FORT Pierce, FL

City

FL

Zip Code

34945

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

SIGNATURE REQUIRED

Date

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
MGRM	MACIAS, EVA	532 SW TODD AVE.	PORT ST. LUCIE FL 34983
MGRM/ OWNER	MACIAS, DAVID	2760 TALL PINE STREET	FORT Pierce, FL 34945

REINSTATEMENT

2003

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

SIGNATURE REQUIRED

Date

12-12-03

Daytime Phone

(772) 528-6485

Typed or printed name of signing Managing Member/Manager

DAVID MACIAS

(Also Owner/Manager)