




# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:29

<b>DOCUMENT # L03000022000</b>			
1. Entity Name <b>CANADIAN DRUG DISCOUNTERS OF COCOA, LLC</b>			
Principal Place of Business <b>220 KING STREET COCOA, FL 32922 US</b>		Mailing Address <b>220 KING STREET COCOA, FL 32922 US</b>	
2. Principal Place of Business <b>111 Longwood Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>111 Longwood Ave</b> Suite, Apt. #, etc.	
City & State <b>Rockledge, FL</b>		City & State <b>Rockledge, FL</b>	
Zip <b>32955</b>	Country <b>BREVARD</b>	Zip <b>32955</b>	Country <b>BREVARD</b>
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MENYHART, ANDREW W 160 MCLEOD STREET MERRITT ISLAND, FL 32953</b>		7. Name and Address of New Registered Agent Name <b>WASIM NIAZI</b> Street Address (P.O. Box Number is Not Acceptable) <b>111 LONGWOOD AVE</b> City <b>ROCKLEDGE</b> FL Zip Code <b>32955</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKATOS, JOANNE 220 KING STREET COCOA, FL 32922 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 04-05</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOLEWA, MICHELLE LYNN 220 KING STREET 111 Longwood Ave COCOA, FL 32922 Rockledge, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300050094333</b> <b>04/07/05--01017--002 **100.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASIM NIAZI 111 Longwood Ave Rockledge, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date <b>03/21/05 (321)446-2024</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	