L04000034102

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : SHUTTS & BOWEN LLP OPERATING ACOUNT
Account Number : I20030000037
Phone : (561)835-8500
Fax Number : (561)650-8530

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LIMITED LIABILITY REINSTATEMENT

CALL PHARMA PRN, LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000034102

1. Limited Liability Company's Name
CALL PHARMA PRN, LLC

CR2E041 (6/03)

2. Principal Office Address		3. Mailing Office Address	
8623 Thousand Pines Court		8623 Thousand Pines Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: West Palm Beach, FL		City & State: West Palm Beach, FL	
Zip: 33411	Country: USA	Zip: 33411	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: May 4, 2004

6. FEI Number: ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 amount is not required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Company of Maimi (JAF)
Street Address (P.O. Box Number is Not Acceptable): 250 Australian Avenue South
Suite, Apt. #, Etc.: Suite 500
City: West Palm Beach
State: FL
Zip Code: 33401

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: S.A. Fell as Vice President — REGISTERED AGENT MUST SIGN
Date: 12/29/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Sandra K. Shafer	8623 Thousand Pines Court	West Palm Beach, FL 33411

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 608.508, 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: Sandra K. Shafer Date: 12/29/05 Daytime Phone #: 561-733-0088

Typed or printed name of signing Managing Member/Manager

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