PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000049690

1. Limited Liability Company's Name

20/20 RX, LLC

000171234070
03/04/10--01008--003 **555.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
1332 W FLAGLER ST	1332 W FLAGLER ST	FLORIDA

5. Date Organized or Qualified To Do Business in Florida 05/19/2005

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

6. FEI Number — [ ] Applied For [X] Not Applicable

City & State	City & State
MIAMI FL	MIAMI FL

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

Zip	Country	Zip	Country
33134		33134	

8. Name and Address of Current Registered Agent

Name
FREDDY ZERON

Street Address (P.O. Box Number is Not Acceptable)
1332 W FLAGLER ST

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI	FL	33134

[X] A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 _Freddy Zenon_   REGISTERED AGENT MUST SIGN   Date 03/03/10

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
MGRM	FREDDY ZERON	1332 W FLAGLER ST	MIAMI FL 33134

REINSTATEMENT 2007-2010

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 _Freddy Zenon_   Date 03/03/10   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____