

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000048773

1. Limited Liability Company's Name

RXPART #2, LLC

2. Principal Office Address - No P.O. Box #

510 SOUTH PINE AVENUE

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip

34471

Country

USA

3. Mailing Office Address

7272 WURZBACH ROAD

Suite, Apt. #, etc.

SUITE 902

City & State

SAN ANTONIO, TEXAS

Zip

78240

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

05 / 11 / 2006

6. FEI Number

NONE

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

REGISTERED AGENT LEGAL SERVICES, INC.

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

155 OFFICE PLAZA DR.

Suite, Apt. #, Etc.

SUITE A

City

TALLAHASSEE

State

FL

Zip Code

32301

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

4/14/09

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
mgr	RXPART INC.	80 SURFVIEW DRIVE	PALM COAST, FLORIDA 32137

REINSTATEMENT

07-09

AL

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 608.408, 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]

Date

4/13/09

Daytime Phone #

210-340-3800

Typed or printed name of signing Managing Member/Manager

RUBEN FLORES JR. Assistant Secretary