## 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L08000006465

Entity Name: 1888MEDSLOW, LLC

Name:

Address:

City-St-Zip:

6805 W. COMMERCIAL BLVD., #144

TAMARAC, FL 33319

FILED Oct 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3461 NW 44 ST 6805 W. COMMERCIAL BLVD # 204 144 FT. LAUDERDALE, FL 33309 LAUDERHILL, FL 33319 **Current Mailing Address: New Mailing Address:** 3461 NW 44 ST 3461 NW 44TH STREET # 204 204 FT. LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 FEI Number: 26-1786218 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KNIGHTS, CLIFFORD W II KNIGHTS, CLIFFORD W II 3461 NW 22 ST 6805 W. COMMERCIAL BLVD # 204 144 FT. LAUDERDALE, FL 33309 US LAUDERDALEHILL, FL 33319 US 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. SIGNATURE: STEVE VIXAMAR 10/09/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete KNIGHTS, CLIFFORD WII Name: Name: Address: 3461 NW 44 ST, #204 Address: City-St-Zip: FT.. LAUDERDALE, FL 33309 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: VIXAMAR, STEVE Name: Address: 3461 NW 44 ST., #204 Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MITCHELL, MARK A Name: Name: 6805 W. COMMERCIAL BLVD,, # 144 Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MITCHELL, CARLA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: STEVE VIXAMAR 10/09/2009