

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

2015-2016



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L14000129867**

1. Limited Liability Company's Name

4RX LLC

16 SEP 30 AM 8:47

FILED  
TALLAHASSEE, FLORIDA

100290815841

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1328 DEKALB AVE		3. Mailing Office Address 1328 DEKALB AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ATLANTA, GA		City & State ATLANTA, GA	
Zip 30307	Country USA	Zip 30307	Country USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida  
08/19/2014

6. FEI Number

☐ 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 C T CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
Suite, Apt. #, Etc.		
City PLANTATION	State FL	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Jordan Brown, Assistant Secretary

Date 09/16/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	SEE ATTACHED.		

11. E-mail Address: **mjones@4spine.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 09/16/2016

Daytime Phone #

404-222-9998

Typed or printed name of signing Authorized Representative/Manager

David DeFrancis

2283

**4RX, LLC**

**Authorized Representatives/Managers**

David DeFrancis- Manager  
1169 Lullwater Rd.  
Atlanta, GA 30306

Mark Christensen- Authorized Rep  
1073 Springdale Rd.  
Atlanta, GA 30306

Chris Bell- Authorized Rep  
35 Forrest Lake Dr.  
Atlanta, GA 30327

Robert Walden- Authorized Rep  
629 Island Walk East  
*Mt. Pleasant, SC 29464*

Phil Roof- Authorized Rep  
59 Sanibel Street  
Mt. Pleasant, SC 29464

Jason Nash- Authorized Rep  
9306 Marsh Ct.  
Myrtle Beach, SC 29572

Jerry Stovall- Authorized Rep  
5056 Belair Bluff Ct.  
Mableton, GA 30126

# CT CORP SYSTEM C/O SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

9/30/2016

ACCT: I20160000072

*John D. [Signature]*

Name:	4RX LLC
Document #:	
Order #:	

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain: <b>XX</b>
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **1,377.50**

Thank you!

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283