

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

DOCUMENT # L99000004870

1. Limited Liability Company's Name

MEDICAL DIRECT.COM, LLC

DBA: NATIONAL CONSUMER BENEFITS GROUP

2. Principal Office Address

28870 US HWY 19 N.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL.

Zip

33761

Country

PINELLAS

3. Mailing Office Address

8954 EASTMAN DR

Suite, Apt. #, etc.

City & State

TAMPA, FL.

Zip

33626

Country

HILLSBOROUGH

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / PINELLAS

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3590660

☒ 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

ERIC HEAGNEY/MEDICAL DIRECT.COM

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

414 CINCINNATY PARKWAY

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

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 3/17/06

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	
<u>MANAGER</u>	<u>GIEDER, JAMES P.</u>		<u>8954 EASTMAN DR.</u>		<u>TAMPA, FL.</u>	
					<u>33626</u>	
<u>VIP</u>	<u>HEAGNEY, ERIC</u>		<u>414 CINCINNATY</u>		<u>CLEARWATER, FL.</u>	
			<u>PARKWAY</u>		<u>33765</u>	
<u>MANAGER</u>	<u>ROBLES, ANTHONY</u>		<u>17106 WHIRLEY RD.</u>		<u>LUTZ, FL.</u>	
					<u>33549</u>	
					<u>700070433451</u>	
					<u>04/14/06--01019--013 **405.00</u>	
					<u>REINSTATEMENT 01-06</u>	

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 3/17/06

Daytime Phone #

(727)

224-8575

Typed or printed name of signing Managing Member/Manager