PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000005254

600310901236

CR2E041 (1/14)

1. Limited Liability Company's Name

FlagshipSailsRx, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
23505 Smithtown Rd	23505 Smithtown Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 200	Suite 200
City & State	City & State
Excelsior, MN	Excelsior, MN
Zip / Country	Zip / Country
55331 / US	55331 / US

4. State/Country of Formation: Minnesota

5. Date Organized or Qualified To Do Business in Florida: 9/19/2012

6. FEI Number: 27-3540535 ☐ 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: CT Corporation

Street Address (P.O. Box Number Is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

FILED
2018 MAR 21 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 _____ Date _____

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
MGR	Timothy W. Lacy	23505 Smithtown Rd	Excelsior, MN 55331
MGR	Kevin L. Johnston	23505 Smithtown Rd	Excelsior, MN 55331
MGR	William W. McGuire	23505 Smithtown Rd	Excelsior, MN 55331

REINSTATEMENT

MAR 21 2018
R. HUNT

11. E-mail Address: cmaloney@fssrx.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 03/13/2018 Daytime Phone # 612.234.8549

Typed or printed name of signing Authorized Representative/Manager: Timothy W. Lacy

CT Corp.

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

Date: 3/21/2018

Acc#I20160000072

Name:	FlagshipSailsRx, LLC
Document #:	M12000005254
Order #:	10891618

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

Filing: (Certified:)

Plain:

COGS:

2018 MAR 21 AM 11:10

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

Amount: $ 407.50

Thank you!

MAR 21 2018

R. HUNT