FILED
14 FEB -7 [illegible] 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000007124

1. Limited Liability Company's Name
Advantage Lotions, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8892 Beckett Road	8892 Beckett Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Chester, OH	City & State: West Chester, OH
Zip: 45069 County: USA	Zip: 45069 County: USA

4. State/Country of Formation: Ohio
5. Date Organized or Qualified To Do Business In Florida: 1/4/12
6. FEI Number: 27-0319474 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee(s) Due for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT 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: Renee Cruz Renee Cruz, Asst. Secretary Date: 2-7-14
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
Ms	Brenda L. Ott	8892 Beckett Road	West Chester, OH 45069
	FEB 10 2014	REINSTATEMENT 2013-2014	
	L. SELLERS		

11. E-mail Address: brenda@advantagerx.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 605, F.S. I further certify that upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, 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 for in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Brenda L. Ott Date: 2/4/14 Daytime Phone #: 866-301-4045

Typed or printed name of signing Authorized Representative/Manager:

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
ADVANTAGE LOCUMS, LLC

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