PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 NOV 29 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P000000 70784

1. Corporation Name

Verified Prescription Safeguards, Inc.

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
4915 Leeward Lane	325 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 240
City & State: Ft. Lauderdale FL	City & State: Lexington Ky
Zip: 33312 Country: USA	Zip: 40507 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7-25-2000

5. FEI Number: — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Leff

Street Address (P.O. Box Number is Not Acceptable): 4915 Leeward Lane

Suite, Apt. #, Etc.:

City: Ft Lauderdale State: FL Zip Code: 33312

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 11/29/04

CR2E081 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert Leff	4915 Leeward Lane	Ft Lauderdale FL 33312
P	James Milliard	325 Main Street	Lexington Ky 40507

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] 11/29/04 (954) 559-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #