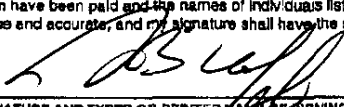


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 NOV 29 PM 4:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 000000 707 84 1. Corporation Name Verified Prescription Safeguards, Inc.					
2. Principal Office Address 4915 Leeward Lane Suite, Apt. #, etc. City & State Ft. Lauderdale FL Zip 33312		3. Mailing Office Address 325 Main Street Suite, Apt. #, etc. # 240 City & State Lexington Ky Zip 40507		4. Date Incorporated or Qualified To Do Business in Florida 7-25-2000 5. FEI Number Applied For ☒ Not Applicable	
Country USA		Country USA		6. CERTIFICATE OF STATUS DESIRED ☒ SR 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  Date 11/20/04 REGISTERED AGENT MUST SIGN					
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		
11/20/04 000013043777 0001952					
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/20/04		Daytime Phone # (954) 559-5333	

CREATED 10/10/04