

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111588

1. Corporation Name

RXESTIC, INC.

2. Principal Office Address

13801 SW 34 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

USA

3. Mailing Office Address

13801 SW 34 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33175

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2001

5. FEI Number

59-3758207

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

JOSE RAUL DE VARONA

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

13801 SW 34 Street

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33175

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 AgentJOSE RAUL DE VARONA
REGISTERED AGENT MUST SIGN

Date 10 Dec 02

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/S CEO/VP	JOSE RAUL DE VARONA	13801 SW 34 STREET	MIAMI, FLORIDA 33175
D/P/T	DANIEL J. ROBINSON	4921 NW 51 PLACE	GAINESVILLE, FL 32606

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. ROBINSON AND JOSE RAUL DE VARONA

December 10, 2002, 392-3936

Date

Daytime Phone #

(352)

REINSTATEMENT 02 1178