

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000074717

1. Entity Name  
THE MEDS ONLINE.COM, INC.



FILED

2006 OCT -9 AM 10: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
11661 HIDDEN HOLLOW CIR  
TAMPA, FL 33635

Mailing Address  
11661 HIDDEN HOLLOW CIR  
TAMPA, FL 33635

2. Principal Place of Business  
14029 N. DALE MABRY HWY

3. Mailing Address  
14029 N. DALE MABRY HWY

Suite, Apt. #, etc.

10062006 REIN-P CR2E098 (11/05)

City & State  
TAMPA, FL

4. FEI Number  
20-2962425

Applied For  
Not Applicable

Zip Country  
33618 HILLSBOROUGH

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOYANO, JOSE A  
11661 HIDDEN HOLLOW CIR  
TAMPA, FL 33635

Name  
JOSE A. MOYANO

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

14029 N. DALE MABRY HWY

City TAMPA, FL Zip Code 33618

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JOSE A. MOYANO 10-6-2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOYANO, JOSE A ☐ Delete  
STREET ADDRESS 11661 HIDDEN HOLLOW CIR  
CITY-ST-ZIP TAMPA, FL 33635

TITLE V ☒ Delete  
NAME CRUZ, BERTRAN  
STREET ADDRESS 11661 HIDDEN HOLLOW CIR  
CITY-ST-ZIP TAMPA, FL 33635

TITLE ST ☐ Delete  
NAME MOYANO, JULIANA E  
STREET ADDRESS 11661 HIDDEN HOLLOW CIR  
CITY-ST-ZIP TAMPA, FL 33635

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600080637316  
CITY-ST-ZIP 10/09/06--01038--013 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. MOYANO Pres. 10-6-06 813 963-1212

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

10/10