

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 JAN 29 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000131895	
1. Entity Name DRUGPLACE.COM II, INC.	



Principal Place of Business 3389 SHERIDAN STREET HOLLYWOOD, FL 33021	Mailing Address PO BOX 402 HOLLYWOOD, FL 33021
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2. Principal Place of Business - No P.O. Box # 1930 Harrison Street	3. Mailing Address 1930 Harrison Street
Suite, Apt. #, etc. Suite 605	Suite, Apt. #, etc. Suite 605
City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020	Country



01252008 REIN-P CR2E098 (1/07)

4. FEI Number 20-5725660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAVON, SAMUEL D ESQ. C/O NAVON & LAVIN, P.A. 2699 STIRLING ROAD, STE B-100 FT LAUDERDALE, FL 33312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *[Signature]* DATE: 1/28/08
Signature, typed or printed name of registered agent and firm if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

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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: *[Signature]* DATE: 1/28/08 DAYTIME PHONE #: 954-342-5415
Signature and typed or printed name of officer or director Paul Leight, President



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 421345 87972A

AUTHORIZATION :

COST LIMIT : \$ 300.00

RECEIVED
08 JAN 29 PM 1:15

DATE
TIME
STATION
CITY

ORDER DATE : January 29, 2008

ORDER TIME : 10:51 AM

ORDER NO. : 421345-015

CUSTOMER NO: 87972A

DOMESTIC FILINGS

NAME: DRUGPLACE.COM II, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____