PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 APR -4 AM 8:48
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000057842

1. Corporation Name: Medhealth Pharmacy, Inc.

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
955 NW 3rd Street	Same
Suite, Apt. #, etc.: 1st Floor	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33128 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/25/1999

5. FEI Number: X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lusky & Motola, P.A.

Street Address (P.O. Box Number is Not Acceptable): 301 Almeria Avenue,

Suite, Apt. #, Etc.: Suite 345

City: Coral Gables, FL State: FL Zip Code: 33134

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], President Date: 3/27/2001

REGISTERED AGENT MUST SIGN

CR2E081 (9/98)

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
P/D	Eduardo Gutierrez	955 NW 3rd Street #200	Miami, FL 33128

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: EDUARDO GUTIERREZ, M.D. 3/27/2001 (305) 547-2425

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

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : LUSKY & MOTOLA, ESQ.
Account Number : 110331002052
Phone : (305)446-1245
Fax Number : (305)446-1205

CORPORATION REINSTATEMENT

MEDHEALTH PHARMACY, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$900.00

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