

FROM : LUSKY & MOTOLA P.A.

PHONE NO. : 305 446 1205

Apr. 03 2001 06:47PM P2

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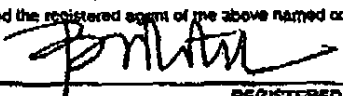
Mar. 27 2001 11:19AM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 APR -4 AM 8:48
DOCUMENT # P99000057842 4. Incorporation Name Medhealth Pharmacy, Inc.				
2. Principal Office Address 955 NW 3rd Street Suite, Apt. #, etc. 1st Floor City & State Miami, FL Zip 33128 Country USA		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		
5. Date Incorporated or Qualified To Do Business in Florida 6/25/1999 5. FEI Number ☒ Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required for a Certificate of Status				

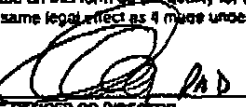
REINSTATEMENT 00-01

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			
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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  REGISTERED AGENT MUST SIGN Date 3/27/2001	
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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)(d), 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, P.D.  3/27/2001 (305) 547-2425
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FROM : LUSKY & MOTOLA P.A.
Division of Corporations

PHONE NO. : 305 446 1205

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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
Page Count	02
Estimated Charge	\$900.00

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