

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 254281

1. Corporation Name

PEARL STREET PHARMACY, INC.

Principal Place of Business

Mailing Address

% JAMES PHILLIP BROWN  
312 W 8TH ST.  
JACKSONVILLE FL 32206

% JAMES PHILLIP BROWN  
312 W 8TH ST.  
JACKSONVILLE FL 32206

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1961

5. FEI Number

59-0941425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BROWN, JAMES P	1342 MARLEE RD	SWITZERLAND, FL 00000
DVT	BROWN, DEBRA LYNN	1342 MARLEE RD	SWITZERLAND, FL 00000
DS	KANAWATI, DINA	8789 SOUTHWEST BLVD, #2007	JACKSONVILLE FL LS
D	GOINS, ANNETTE	1303 LAURA ST	JACKSONVILLE FL
D	WILLIAMS, BETTY	312 W 8TH ST	JACKSONVILLE FL 32206
D	COLLEY, RAMONA	P.O. BOX 14277	JACKSONVILLE FL 32238

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

BROWN, JAMES PHILIP  
1342 MARLEE ROAD  
SWITZERLAND FL 32259

700004721337-9

12/12/01 01082-011  
\*\*\*\*750.00 \*\*\*\*750.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James Phillip Brown*  
REGISTERED AGENT MUST SIGN

Date 11-20-01

11. 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:

*James Phillip Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01

Date

Daytime Phone #