

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 24 PM 2:58

DOCUMENT # **283944**

1. Corporation Name
PARK DRUGS INC

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
500002699645--9
 -12/01/98--01090--020
 ****750.00 ****750.00

Principal Place of Business	Mailing Address
700 EAST OCEAN BLVD STUART FL 34934	700 EAST OCEAN BLVD STUART FL 34934



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business In Florida 08/03/1964	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1059219	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JUSTICE, CHARLES W	1016 TERRACE ROAD	JENSEN BEACH FL
ST	JUSTICE, CHARLES E	3267 NE HOLLY CREEK DR	JENSEN BEACH FL
VP	EDWARD JUSTICE	18 MIDDLE RD.	STUART FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JUSTICE, CHARLES W 18 MIDDLE ROAD STUART FL 34996	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State Zip Code
	FL	

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: *[Signature]* **SIGNATURE REQUIRED** Date: 11/19/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/19/98 Daytime Phone #: (813) 237-4049

CR2E040 (0/98)