PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 16 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 283944

1. Corporation Name

PARK DRUGS INC

Principal Place of Business	Mailing Address
700 EAST OCEAN BLVD STUART FL 34994	700 EAST OCEAN BLVD STUART FL 34994

REINSTATEMENT 2000

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: 08/03/1964

5. FEI Number: 59-1059219 ☐ 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
P	JUSTICE, CHARLES W	1674 NW SPRUCE RIDGE DR	STUART FL 34994
ST	JUSTICE, CHARLES E	920 NW WATERLILY PL	JENSEN BCH FL 34957
VP	EDWARD JUSTICE	18 MIDDLE RD.	STUART FL

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****758.75 ****758.75
LS

8. Name and Address of Current Registered Agent

JUSTICE, CHARLES W
18 MIDDLE RD.
STUART FL 34996

9. Name and Address of New Registered Agent

Name: Charles W. Justice
Street Address (P.O. Box Number is Not Acceptable): 1674 NW Spruce Ridge Dr
Suite, Apt. #, Etc.:
City: Stuart | State: FL | Zip Code: 34994

CR2E040 (8/00)

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: [signature] Date: 11 Oct 00
REGISTERED AGENT MUST SIGN

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: [signature] Charles E. Justice 11 Oct 00 561-287-4049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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