

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 283944

1. Corporation Name
Park Drugs, Inc.

2. Principal Office Address
700 E. Ocean Blvd

3. Mailing Office Address
700 E. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

Zip Country
34994 USA

Zip Country
34994 USA

REINSTATEMENT 03-04

900028057129
02/02/04--01092--006 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 08/03/1964

5. FEI Number 591059219
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Edward A. Justice
Street Address (P.O. Box Number is Not Acceptable) 766 NE River Terr.
Suits, Apt. #, Etc.
City Jensen Beach State FL Zip Code 34957

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] Date 01/29/04
REGISTERED AGENT MUST SIGN

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
STD	Charles E. Justice	93 NE Cypress Tr.	Jensen Beach, FL 34957

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: [Signature] Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

Park Drugs, Inc.
700 E. Ocean Blvd.
Stuart, FL 34994
772 287-3201

To Whom It May Concern:

We did not receive our 2003 Annual Business Report in the mail. Please waive the reinstatement fee. Enclose please find our application fee and for 2003 and 2004. Thank you for your assistance in this matter. Should you have any questions please contact at the above number.

Sincerely,

A handwritten signature in black ink, appearing to read 'E. Justice', with a long horizontal line extending to the right.

Edward A. Justice