

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
96 DEC 30 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 4500023

1 Corporation Name

~~Bo-Mar INC.~~
Bo-Mar Drugs, Inc.

Principal Place of Business

Mailing Address

12909 S.E.Hwy.C-25 12909 S.E.Hwy.c-25
Box 848 Box 848
Ocklawaha, Fl. 32179 Ocklawaha, Fl. 32179

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

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, if Applicable		3 New Mailing Address, if Applicable		4 Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt #, etc		Suite, Apt #, etc		03-25-1974	
City & State		City & State		5 FEI Number	
Zip		Country		59-1518923	
6 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
STV	Merchant, William	4021 S.E.38th St.	Ocala, Fl.
P	Merchant, Harry M.	12909 S.E.Hwy.C-25	Ocklawaha, Fl. 32179

~~500002045955-3~~
-01/03/97--01178--001
****375.00 ****375.00

VB12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of Now Registered Agent

Smith, Joseph
Hwy.27 A
P.O.Box 117
Bronson, Fl.

Name
Merchant, Harry M.
Street Address (P.O. Box Number is Not Acceptable)
12909 S.E.Hwy.C-25
Suite, Apt. #, Etc
City
Ocklawaha State FL Zip Code 32179

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 Harry M. Merchant
REGISTERED AGENT MUST SIGN

Date 9-30-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes? Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Harry M. Merchant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-96 Date 352-288-3961 Daytime Phone #

HARRY M. MERCHANT

CR2040 (12/95)