

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 19 AM 11:00

DOCUMENT # 730895

1. Corporation Name

Florida Society of Health-System Pharmacists, Inc

REINSTATEMENT 03

2. Principal Office Address

2304 Killearn Center Blvd.

3. Mailing Office Address

2304 Killearn Center Blvd.

Suite, Apt. #, etc.

Ste B

Suite, Apt. #, etc.

Ste B

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32309

Country

US

Zip

32309

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1974

5. FEI Number

59-6549147

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

Pamela A. White

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

2304 Killearn Center Blvd.

Suite, Apt. #, Etc.

Ste B

City

Tallahassee

State

FL

Zip Code

32309

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

Pamela A. White

Date

12/11/2003

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
M	Pamela A. White	2304 Killearn Center Blvd. Ste B	Tallahassee, FL 32309
D	Rena E. Coll	11101 NW 23rd Ct	Coral Springs, FL 33065
T	Steve Kessinger	636 Del Prado Blvd.	Cape Coral, FL 33990
P	Thomas Johns	P.O. Box 100316	Gainesville, FL 32610
D	Tony Frezza	10924 Dearden Circle	Orlando, FL 32817

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:

Pamela A. White Pamela A. White

12/11/2003 850-906-9333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)