PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 AUG 15 AM 11:28

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400289090224

CR2E081 (11/10)

DOCUMENT # F08000005090

1. Corporation Name

E. T. BROWNE DRUG CO., INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
440 SYLVAN AVE	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: ENGLEWOOD CLIFFS, NJ	City & State
Zip: 07632 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: INCORPORATED 12/01/2008

5. FEI Number: 22-1926615 — 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: NATIONAL CORPORATE RESEARCH, LTD., INC.

Street Address (P.O. Box Number is Not Acceptable): 115 North Calhoun St., Suite 4

Suite, Apt. #, etc

City: Tallahassee State: FL Zip Code: 32301

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: Colleen Hennes — Date: 8/12/2016

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
PRESIDENT	ROBERT NEIS	440 SYLVAN AVE	ENGLEWOOD CLIFFS, NJ 07632
CHAIRMAN	ARNOLD NEIS	440 SYLVAN AVE	ENGLEWOOD CLIFFS, NJ 07632

REINSTATEMENT

2013 2014

10. E-mail Address: AFELDMAN@ETBROWNE.COM AFELDMAN@etbrowne.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Robert Neis PRESIDENT 8/12/16 2013949820

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — DATE — Daytime Phone #

ROBERT NEIS Robert Neis, President

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Date: 08/12/2016

Account #: I20000000088

Name: ERIC HOOD

Reference #: D289858

ENTITY NAME: E.T. BROWNE DRUG CO., INC.

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☑ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

Authorized Amount: $1,200.00

Signature: Eric Hood

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301
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E-Mail: *info@nationalcorp.com* **Website:** *www.nationalcorp.com*