

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

APPROVED
FILED

02 JUN 19 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800006067828--3
-06/27/02--01056--011
****150.00 ****150.00

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

**CORPORATION
REINSTATEMENT**

DOCUMENT # **K41820**

1. Corporation Name
Integrated Pharmacy Solutions, Inc.

REINSTATEMENT *2001-2002*

2. Principal Office Address
2301 Lucian Way

3. Mailing Office Address
151 Farmington Avenue

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
W101

City & State
Maitland, FL

City & State
Hartford, CT

Zip Country
32751 US

Zip Country
06156 US

4. Date Incorporated or Qualified
To Do Business in Florida 10/28/1988

5. FEI Number
59-2917735

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
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

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06/27/02--01056--010
****750.00 ****750.00

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, VS.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

Date

6/11/02

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
PD	David Earl Leibfreid	980 Jolly Road	Blue Bell, PA 19422
S	William Calvin Baskin III	151 Farmington Avenue	Hartford, CT 06156
AS	William Ira Kramer	980 Jolly Road	Blue Bell, PA 19422
AS	Lawrence Grant Orkins, Jr.	151 Farmington Avenue	Hartford, CT 06156
AS	Debra Lisa Weger	980 Jolly Road	Blue Bell, PA 19422
SIO	Paul Jeremiah Selian	151 Farmington Avenue	Hartford, CT 06156

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 T. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-05-2002

Date

860.273-6235

Daytime Phone #

CT CORPORATION

CORPORATION(S) NAME

Integrated Pharmacy Solutions, Inc.

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

RECEIVED
 02 JUN 18 AM 11:09
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32301

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

6/18/02

Order#: 5379142

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615