

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

08 FEB 18 PM 12:50

DOCUMENT # N93000000448

1. Corporation Name

Central Florida Society of Hospital Pharmacists, Inc

2. Principal Office Address - No P.O. Box #

2304-B Killeam Center Blvd

Suite, Apt. #, etc.

City & State --

Tallahassee

Zip

FL 32309

Country

US

3. Mailing Office Address

2304-B Killeam Center Blvd

Suite, Apt. #, etc.

City & State

Tallahassee

Zip

FL 32308

Country

US

REINSTATEMENT 1995-08

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1993

5. FEI Number

59-3170704

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

Mark Ninno

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

2637 Fallbrook Drive

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mark Ninno

REGISTERED AGENT MUST SIGN

Date 1/25/08

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
P	Mark Ninno	2637 Fallbrook Drive	Oviedo, FL 32765
T	Michael Philbin	2056 Rickover Place	Winter Garden, FL 34787
D	Erin St Onge	2725 S Binion Road	Apopka, FL 32723
D	Kimberly Schnacky	7015 Bramlea Lane	Windermere, FL 34786
			500116335965 01/29/08--01019--012 **980.00
			500116335965 02/20/08--01031--001 **51.25

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 contained in Chapter 119, 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:

Mark A. Ninno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/08

Daytime Phone #

407-538-7488