

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
 Nathan D. Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 4:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000032850

1. Corporation Name

RELIABLE PHARMACY SERVICES, INC.

Principal Place of Business

Mailing Address

7280 S.W. STATE RD. 26
 TRENTON FL 32693

7280 S.W. STATE RD. 26
 TRENTON FL 32693



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

2. New Principal Office Address, If Applicable

CR 249 & US 19

3. New Mailing Office Address, If Applicable

P.O. Box 158

Suite, Apt. #, etc.

OLD TOWN CENTRE SUITE 206

Suite, Apt. #, etc.

City & State

City & State

OLD TOWN, FL

OLD TOWN, FL

Zip

Country

32680

DIXIE

Zip

Country

32680

DIXIE

4. Date Incorporated or Qualified To Do Business in Florida

03/27/2000

5. FEI Number

59-3636234

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	LAMBERT, HAROLD J	2532 JENNIFER TERRACE	PALM HARBOR FL 34685

600004698186--0
 -11/29/01--01045--023
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

DIMARCO, ROBERT F CPA
 3444 E. LAKE RD., STE. 412
 PALM HARBOR FL 34685

9. Name and Address of New Registered Agent

Name HAROLD J. LAMBERT
 Street Address (P.O. Box Number is Not Acceptable) 2532 JENNIFER TERRACE
 Suite, Apt. #, Etc.
 City PALM HARBOR State FL Zip Code 34685

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

Harold Lambert

HAROLD J. LAMBERT

Date 10-31-01

REGISTERED AGENT MUST SIGN

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., 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:

Harold Lambert

HAROLD J. LAMBERT

10-31-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

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Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Reliable Pharmacy Services, Inc.
P.O.Box 158
Old Towne, Fl. 32680

Dear Sir or Madam,

10/31/01

I am writing to request a waiver of reinstatement fee due to the fact that we did not receive previous uniform business reports nor the second notice. We are a pharmacy and until very recently rented space within a nursing home. Unfortunately our mail often got mixed in with that of the nursing home and often we did not receive it. This is apparently why we did not receive it. We are a new business and I did not know to look for it in the mail.

We have recently moved (9/1/01) into a new location where this is no longer a problem.

I would be very appreciative if the fee could be waived.

Thank You,



Harold J. Lambert, R.Ph.
President
Reliable Pharmacy