

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000042136

1. Corporation Name

PRESCRIPTION CORPORATION OF AMERICA, INC.

2. Principal Office Address

898 Drury Place

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Breakers West

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip
33411

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 5/10/99**

5. FEI Number
651003261

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name
Richard P. Greene

Street Address (P.O. Box Number is Not Acceptable)
2455 E Sunrise Blvd

Suite, Apt. #, Etc.
Suite 905

City
Ft. Lauderdale

State
FL

Zip Code
33304

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

Richard P. Greene

REGISTERED AGENT MUST SIGN

Date 9/28/04

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
D/P	David Freedman	898 Drury Place, Breakers West	West Palm Beach, FL 33411

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10/01/04--01004--009 **1200.00

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: *David Freedman* DAVID FREEDMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/04

Date

561-798-6559

Daytime Phone #

CR2E081 (01/04)