


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

00 OCT -4 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 182185

1. Corporation Name
Cooper's Drugs Inc

Handwritten initials

REINSTATEMENT 2000

2. Principal Office Address <i>700 E Business Hwy</i>		3. Mailing Office Address <i>P.O. Box 1366</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Panama City, Fl.</i>		City & State <i>Panama City, Fl.</i>	
Zip <i>32401</i>	Country <i>Bay</i>	Zip <i>32402</i>	Country <i>Bay</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>1-1-1955</i>	
5. FEI Number <i>590730699</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <i>LORIE E. MCELHENY</i>	600003454465--2
Street Address (P.O. Box Number is Not Acceptable) <i>808 SKYLAND DRIVE</i>	-11/07/00--01018--006 ****758.75 ***758.75
Suite, Apt. #, Etc.	
City <i>PANAMA CITY</i>	State FL Zip Code <i>32402</i>

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 *L E McElheny* Date *10/2/00*
 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
P	LORIE MCELHENY	808 SKYLAND DRIVE	PANAMA CITY, FL 32402
V	RANDALL MCELHENY	408 S. BONITA DRIVE	PANAMA CITY, FL 32401
ST	MARTHA MCELHENY	808 SKYLAND DRIVE	PANAMA CITY FL 32402

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)(f), 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]* Date *10/2/00* Daytime Phone # *850-785-0251*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZ061 (8/98)