PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 2 PM 2:57

Please note:
No changes with exception to the address change.
Thank you!

DOCUMENT # 153564

1. Corporation Name Thayer's Colonial Pharmacy, Inc

2. Principal Office Address	3. Mailing Office Address
4121 S.W. 34th Street	4121 S.W. 34th St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State Orlando, FL	City & State Orlando, FL
Zip 32811 Country USA	Zip 32811 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-0833727 ☐ 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: William P. Kennedy

Street Address (P.O. Box Number is Not Acceptable): 4121 S.W. 34th Street

Suite, Apt. #, Etc.: —

City: Orlando, State: FL Zip Code: 32811

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****150.00 ****150.00

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, F.S.

Signature of Registered Agent: William P. Kennedy Date: 12/28/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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/S/T	William P. Kennedy	4121 S.W. 34th St. Orlando, FL 32811	Orlando, FL 32811
Assistant Secretary	Barbara J. Lee	4121 S.W. 34th St Orlando, FL 32811	Orlando, FL 32811

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: William P. Kennedy 11/30/2001 (407)999-2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THAYER'S COLONIAL PHARMACY, INC.

November 28, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Sir:

It was brought to our attention recently that the Secretary of State due to the failure to file the 2001 Uniform Business Report prior to May 1, 2001 had administratively dissolved Thayer's Colonial Pharmacy, Inc.

Thayer's Colonial Pharmacy, Inc. was sold during 1998 and the form never made it to our accountant's office for payment. Enclosed please find a Corporation Reinstatement form for Thayer's Colonial Pharmacy, Inc. along with our check # 23200 in the amount of $150.00. Please consider our request for reinstatement and we would also appreciate your waiving the late fee of $600.00.

Please mail the 2002 Uniform Business Report to the following address 4121 S.W.34th Street, Orlando, FL 32811.

Thank you for your assistance with this request.

Sincerely,

Barbara J. Lee
Assistant to William P. Kennedy
President of Thayer's Colonial Pharmacy, Inc.

4121 S. W. 34th Street, Orlando, FL 32811
(407)999-2225 fax (407)999-0133