

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 10:26

10/30

DOCUMENT # 175375

1. Corporation Name

GRESHAM DRUGS, INC.

Principal Place of Business

3210 S.W. 40TH BLVD
GAINESVILLE FL 32608

Mailing Address

3210 S.W. 40TH BLVD
GAINESVILLE FL 32608

REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/23/1953	
City & State		City & State		5. FEI Number	
Zip		Country		59-0699817	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	GRESHAM, STEVEN M.	4500 SW 80TH PLACE	GAINESVILLE FL
STD	GRESHMAN, ELISE H.	4500 SW 80TH PLACE	GAINESVILLE FL
V	ROGERS, TIMOTHY R.	ROUTE 2, BOX 663	GAINESVILLE FL
V	VAN DUYN, PETER	ROUTE BOX 2075	MELROSE FL
			100002335231-2
			-10/31/97--01068--012
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRESHAM, STEVEN M.
3210 SW 40TH BLVD.
GAINESVILLE FL 32608

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-28-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-97 352-338-6241
Date Daytime Phone #