

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUL 23 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 195467

1. Corporation Name

CYPRESS CENTER PHARMACY, INCORPORATED

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box # 2912 OCEAN DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 2912 OCEAN DRIVE Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32963	Country UNITED STATES	Zip 32963	Country UNITED STATES

4. Date Incorporated or Qualified To Do Business in Florida 08/22/1956	
5. FET Number 59-0785075	Applied For <input type="checkbox"/> 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 CALLIE GIBSON COREY			
Street Address (P.O. Box Number is Not Acceptable) 3745 OCEAN DRIVE			
Suite, Apt. #, Etc.			
City VERO BEACH	State FL	Zip Code 32963	

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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

Callie G. Corey

REGISTERED AGENT MUST SIGN

Date **JULY 18, 2014**

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	CALLIE GIBSON COREY	3745 OCEAN DRIVE	VERO BEACH, FL 32963
M	MARK COREY FRANKENBERGER	441 12TH PLACE SE	VERO BEACH, FL 32962
	REINSTATEMENT		
			S. HAWKES
			JUL 24 A.M.
			EXAMINER

10. E-mail Address: **coreyspharmacy@comcast.net**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Callie G. Corey **CALLIE G. COREY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/18/2014

772-231-6931

Date

Daytime Phone #