

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/28/02--01090--011 \*\*150.00



*gsm*

DOCUMENT # 213394

1. Corporation Name

ROBERT'S DRUG STORE, INC.

Principal Place of Business

2760 GARRISON AVE.  
EVANSTON IL 60201  
US

Mailing Address

2760 GARRISON AVE.  
EVANSTON IL 60201  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1958

5. FEI Number

59-0833497

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	STERN, LOUIS R	2760 GARRISON AVE.	EVANSTON IL 60201
D	STERN, DAVID	KIBBUTZ DEGANIA BET.	JORDAN VALLEY, ISRAEL 15130
P	STERN, LOUIS R	2760 GARRISON AVE.	EVANSTON IL 60201
VP	STERN, DAVID	KIBBUTZ DEGANIA BET.	JORDAN VALLEY, ISRAEL 15130
ST	PADDOR, ELAINE	5851 S.W. 83RD STREET	SOUTH MIAMI FL 33143

8. Name and Address of Current Registered Agent

YELEN, JAN A ESQ.  
1104 PONCE-DE-LEON BLVD.  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date 10/12/2002

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., 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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/12/2002

847-866-7683

CR2040 (8/02)

**Robert's Drug Store, Inc**

2760 Garrison  
Evanston, IL 60201  
847-866-7683

State of Florida  
Office of the Secretary of State  
Department of Corporations

Oct 22<sup>nd</sup> 2002

Re: Late Filing, Robert's Drug Store, Inc.  
Federal Tax ID 59-0833497

Dear Madame/Sir:

Following our telephone conversation this afternoon to your office I am writing to confirm that we did not received the Filing Forms which were due in September. Accordingly these forms are being filed late with this letter of explanation. By telephone we were instructed to include this letter with a \$150 fee in place of the penalty.

Thank you very much for your consideration in this matter.

Yours truly,

  
Louis Stern, Secretary, Director  
Robert's Drug Store, Inc.

*1 enc \$150 fee*