

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 215987

**FILED**  
**Oct 24, 2006**  
**Secretary of State**

**Entity Name:** MAJORCA DRUG STORE INC

**Current Principal Place of Business:**

1823 PONCE DE LEON  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1823 PONCE DE LEON  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 59-0936341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVAS, CECILIA  
1823 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

RIVAS, CECILIA  
1823 PONCE DELEON  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CECILIA RIVAS

10/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: RIVAS, CECILIA  
Address: 1823 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: RIVAS, CECILIA  
Address: 1823 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RIVAS, CECILIA  
Address: 1823 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD (X) Change ( ) Addition  
Name: ZERBE, ARTHUR P  
Address: 444 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR P ZERBE

VP

10/24/2006

Electronic Signature of Signing Officer or Director

Date