

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

PROVED  
AND  
FILED

1996 DEC 16 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 302476

1. Corporation Name

NALL'S DRUG STORE, INC

Principal Place of Business

52 BIG SHEEPCLIFF RD.  
CASHIERS NC 28717

Mailing Address

52 BIG SHEEPCLIFF RD.  
CASHIERS NC 28717  
P.O. Box 56



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

02/01/1966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1146038

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for 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
VPT	NALL, JOY E.	52 BIG SHEEPCLIFF RD.	CASHIERS, N.C. 0
SP	NALL, R E JR	12095 SOUTH WILLIAM STREET 12095 South Williams St	DUNNELLON FL
Dir.	Nall, Keith Aldon	8445 S.W. 177th Ave. Rd.	Dunnellon, Florida
			900002031979--5 -12/18/96--01017--017 ****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NALL JR RE  
52 BIG SHEEPCLIFF RD.  
CASHIERS NC 28717  
Nall, Keith Aldon  
8445 S.W. 177th Ave. Rd.  
P.O. Box 142  
Dunnellon, Florida 34430

Name  
Nall Keith Aldon  
Street Address (P.O. Box Number is Not Acceptable)  
8445 S.W. 177th Ave. Rd.  
Suite, Apt. #, Etc.  
City  
Dunnellon  
State  
FL  
Zip Code  
34430

10. I, being appointed the registered agent, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Keith Aldon Nall

Date 12-11-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Keith Aldon Nall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-96

Date

704-743-9105

Daytime Phone #