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
97 APR -4 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 90-97

DOCUMENT # 320163 (9)

1. Corporation Name
O'Steens Sherwood Pharmacy, Inc.
5065 Soutel Drive
Jacksonville, Florida 32208-1863

Principal Place of Business / Mailing Address

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	
Suite, Apt. #, etc.		7541 Holiday Rd. S.	
City & State		Suite, Apt. #, etc.	
Zip	Country	City & State: Jacksonville, Fla.	
		Zip: 32216	Country: Duval

4. Date Incorporated or Qualified To Do Business in Florida: 08/21/67

5. FEI Number: 591173311 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/V/P	BURNETT, GEORGE W.	7541 Holiday Rd. S.	Jacksonville, Fla 32216
D	BROWN, DEBRA L.	7779 Hunters Grove Rd	Jacksonville, Fla 32256
S/T	BURNETT, KAREN JO	7541 Holiday Rd. S.	Jacksonville, Fla 32216
			900002125469--1 -04/08/97--01031--016 ****915.00 ****915.00
			JB 4-4-97

8. Name and Address of Current Registered Agent
BURNETT, GEORGE MICHAEL
Suite 3500
50 N. Laura Street
Jacksonville, Florida 32202

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

CR2E040 (12/96)

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: GMB Date: 4-1-97
REGISTERED AGENT MUST SIGN

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: George W. Burnett — 4/1/97 — (904) 724-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
George W. Burnett, President