
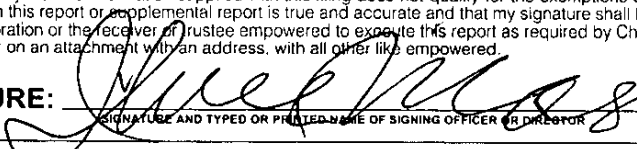
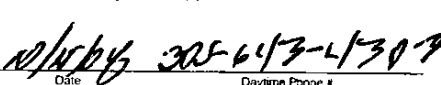


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 325968 1. Entity Name DOCTOR'S PHARMACY, INC.						<div style="font-size: 24pt; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 18pt; transform: rotate(-5deg);">08 NOV -7 PM 3:01</div> <div style="font-size: 12pt; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 2057 SW 8 ST. MIAMI, FL 33135				Mailing Address 2057 SW 8 ST. MIAMI, FL 33135			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
10272008 REIN-P CR2E098 (1/07)				4. FEI Number 59-1210786			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent REYES, OFELIA FRAGA PRES 2057 SW 8TH CT MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	FRAGA, OFFELIA REYES	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2057 SW 8TH CT		NAME		700137735707 11/07/08--01008--008 **150.00	
STREET ADDRESS		MIAMI, FL 33135		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	ST	ILEANA L. NASSER FRAGA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2057 SW 8TH CT		NAME			
STREET ADDRESS		MIAMI, FL 33135		STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			