


2005 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # 371535 | |  |
| 1. Entity Name ANDREWS DRUGS OF LAKE BUTLER, INC. | | |

FILED
05 NOV -7 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| Principal Place of Business 540 SOMBRERO BCH RD MARATHON, FL 33050 US | Mailing Address 540 SOMBRERO BCH RD MARATHON, FL 33050 US |
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| 2. Principal Place of Business 6369 Putnam St Suite, Apt. #, etc. | 3. Mailing Address 6369 Putnam St Suite, Apt. #, etc. |
| City & State St Augustine FL Zip 32080 Country St Johns | City & State St Augustine FL Zip 32080 Country St Johns |

10262005 REIN-P CR2E098 (6/04)

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| 4. FEI Number 59-1312321 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ANDREWS, JOHN H. 540 SOMBROE BEACH ROAD MARATHON, FL 33050 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 6369 Putnam St City St Augustine FL Zip Code 32080 |
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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 _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ANDREWS, L E RT 4 BOX 1038 STARKE, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANDREWS, JOHN H 540 SOMBRERO BEACH ROAD MARATHON, FL 33050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 900061219269 11/07/05 01059-018 ***150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ANDREWS, BRENDA 540 SOMBRERO BEACH ROAD MARATHON, FL 33050 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6369 Putnam St St Augustine FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6369 Putnam St St Augustine FL 32080 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Brenda Andrews BRENDA ANDREWS 11-4-05-904-471-6414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #