

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 5:18

DOCUMENT # 508816

1. Corporation Name

JAY'S DRUGS, INC.

2. Principal Office Address

1498 N.W. 54th St.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Miami, FL 33142

Zip

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 1, 1976

5. FEI Number

59-1689565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-00

7. Name and Address of Current Registered Agent

Name

Gerald B. Stone

100003434261-7

Street Address (P.O. Box Number is Not Acceptable)

-10/23/00--01004--001

Suite, Apt. #, Etc.

1865 Kennedy Causeway, Apt. 5-N

***1067.50 ***1067.50

Apt. 5-N

City

Miami Beach

State

FL

Zip Code

33407

33141 AD

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Gerald B. Stone

Date 10/9/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Gerald B. Stone	1865 Kennedy Causeway	
		Apt. 5-N, Miami Beach, FL	33407 33141 AD
Sec.	Gerald B. Stone	SAME AS ABOVE	

10. 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:

Gerald B. Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-09-00

Daytime Phone #

CR2E081 (9/99)