

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 508814

1. Corporation Name Jay's Drugs, Inc.

**REINSTATEMENT** 02-03

000020320500  
06/02/03--01065--020 \*\*900.00

2. Principal Office Address  
11111 Biscayne Blvd.

3. Mailing Office Address  
11111 Biscayne Blvd.

Suite, Apt. #, etc.  
#1404

Suite, Apt. #, etc.  
#1404

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33181

Country  
USA

Zip  
33181

Country  
USA

4. Date Incorporated or Qualified - 6/17/1976  
To Do Business in Florida

5. FEI Number  
59-1689565

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Gerald B. Stone

Street Address (P.O. Box Number is Not Acceptable)  
11111 Biscayne Boulevard,

Suite, Apt. #, Etc.  
#1404

City  
Miami

State  
FL

Zip Code  
33181

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*

REGISTERED AGENT MUST SIGN

Date 5-27-03

**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
P	Gerald B. Stone	11111 Biscayne Boulevard #1404	Miami, FL 33181

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

5-27-03 (305) 891-2307

Date

Daytime Phone #

CR2E081 (10/02)