

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 522606

1. Entity Name
SEDANO'S PHARMACY AND DISCOUNT STORES, INC.



FILED

06 NOV 16 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11132006 REIN-P CR2E098 (11/05)

Principal Place of Business
9686 SW CORAL WAY
MIAMI, FL 33165

Mailing Address
9686 SW CORAL WAY
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1728771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ & MARCELO ROBAINA, P.A.
6303 BLUE LAGOON DRIVE
SUITE 390
MIAMI, FL 33126-6005

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, 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 PD ☐ Delete
NAME GUERRA, ARMANDO J
STREET ADDRESS 9475 JOURNEY'S END ROAD
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Change ☐ Addition
NAME 200081873692
STREET ADDRESS 11/16/06--01071--007 **150.00
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME HERRAN, MANUEL A
STREET ADDRESS 8460 SW 5TH STREET
CITY-ST-ZIP MIAMI, FL 33144

TITLE ☐ Change ☐ Addition
NAME REINSTATEMENT 06
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME GUERRA, ALBERTO
STREET ADDRESS 241 CAPE FLORIDA DRIVE
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME SALGUEIRO, HEBERTO
STREET ADDRESS 1524 SW 66 COURT
CITY-ST-ZIP MIAMI, FL 331445548

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVAS ☐ Delete
NAME DIAZ, JOSE F
STREET ADDRESS 9301 SW 103RD ST
CITY-ST-ZIP MIAMI, FL 331763056

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME GUERRA, MARIA C
STREET ADDRESS 9475 JOURNEY'S END ROAD
CITY-ST-ZIP CORAL GABLES, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/06 (305) 262-2206
Date Daytime Phone #