

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 31 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YBR
01-02

DOCUMENT # 538532

1. Corporation Name

Butterfield Drug Store

2. Principal Office Address

1161 S U.S. 1

3. Mailing Office Address

2100 Oyster Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. Pierce, FL

City & State

VERO Bch. FL

Zip

34950

Country

ST. LUCIE

Zip

32963

Country

INDIAN RIVER

4. Date Incorporated or Qualified
To Do Business in Florida

1978

5. FEI Number

59-1748520

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

MAX CROSS

201.25-AR

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

2100 Oyster Bay Dr.

10.00-ARARTS

Suite, Apt. #, Etc.

88.75-ARsupp

City

VERO Bch.

State

FL

Zip Code

32963

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

Date 5-27-02

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.	MAX CROSS	2100 Oyster Bay Dr.	VERO Bch, FL. 32963
			600005766506--3
			-06/14/02-01004-016
			****300.00 ****300.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX CROSS

5-27-02

Date

Daytime Phone #

CR2E081 (9/01)