

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

627463

1 Corporation Name

OCEANSIDE PHARMACY, INC.

Principal Place of Business

Mailing Address

1118 COLONNADES DR.
FT. PIERCE, FL 34949

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FT. PIERCE, FL 34949

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/79

5. FEI Number

59-1913520

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A Uniform Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	LARRIE SESKIN	601 S.E. DAR LANE	PORT ST. LUCIE, FL 34984
V/T/S/D	KIM SESKIN	601 S.E. DAR LANE	PORT ST. LUCIE, FL 34984
			600003071236--2
			-12/15/99--01069--003
			****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARRIE SESKIN
601 S.E. DAR LANE
PORT ST. LUCIE, FL 34984

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

LARRIE SESKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561)465-1118

Daytime Phone #

REINSTATEMENT 98-99

CR2E081 (12/98)