

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 20 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 627463

1. Corporation Name

OCEAN SIDE PHARMACY, INC.

Principal Place of Business

Mailing Address

1118 COLONADES DRIVE  
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

06/26/1979

5. FEI Number

59-1913520

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SESKIN, LARRIE	601 S.E. DAR LANE	PORT ST LUCIE FL
VSTD	SESKIN, KIM	601 S.E. DAR LANE	PORT ST LUCIE FL

100003455611-7  
-11/07/00--01093--010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SESKIN, LARRIE  
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

10/18/2000

CR2E040 (800)

11. I certify that I am an officer or director of 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

Date

Daytime Phone #

10/18/2000