

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 677957

1. Corporation Name

Edgewood Professional Pharmacy, Inc.

Principal Place of Business

Mailing Address

3520 Jacque Lee Lane  
Lakeland, FL 33803-9702

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified  
To Do Business in Florida  
7-9-80

5. FEI Number

59-2006144

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	John T. Aycock	3520 Jacque Lee Lane	Lakeland, FL 33803
VDT	Linda B. Aycock	3520 Jacque Lee Lane	Lakeland, FL 33803
A/S	Laura R. Dunlap	1201 Hays Street	Tallahassee, FL 32301

600002180906-8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, FL 32301

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee

State

Zip 32301

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

*Laura R. Dunlap*

Laura R. Dunlap, as agent  
for Corporation Service Company

Date

5-16-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:**

*Laura R. Dunlap*

Laura R. Dunlap, assistant

5/16/97

904-222-9171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary**

Date

Daytime Phone #

CPRE040 (12/95)



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ACCOUNT NO. : 072100000032  
REFERENCE : 394302 10063A  
AUTHORIZATION : *Patricia Pygott*  
COST LIMIT : \$915.00

ORDER DATE : May 15, 1997

ORDER TIME : 5:03 PM

ORDER NO. : 394302-005

CUSTOMER NO: 10063A

CUSTOMER: Roseanne Nick, Legal Assistant  
C. Geoffrey Vining, Esquire  
Suite 501  
230 South Florida Avenue  
Lakeland, FL 33801

DOMESTIC FILINGS

NAME: EDGEWOOD PROFESSIONAL  
PHARMACY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lori R. Dunlap

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
97 MAY 16 AM 9:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA