

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 13 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 801046

1. Corporation Name

The American Druggists
Insurance Company

800108389952
08/21/07--01058--009 **2727.50

2. Principal Office Address - No P.O. Box #

1825 Ponce de Leon Blvd

Suite, Apt. #, etc.

356

City & State

Coral Gables, FL

Zip

33134

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 801046

4. Date Incorporated or Qualified
To Do Business in Florida

11-14-86

5. FEI Number

31-0199720

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

Ofelia Diaz

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

1825 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

356

City

Coral Gables

State

FL

Zip Code

33134



The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ofelia Diaz

REGISTERED AGENT MUST SIGN

Date

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
P/D	Ofelia Diaz	1825 Ponce de Leon Blvd.	Coral Gables, FL 33134

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 contained in Chapter 119, 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:

Ofelia Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/13/07

AUG 13 2007