

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # F0000000255

01 OCT 19 PM 1:44

1. Corporation Name
SPECIALTY PHARMACY, INC.

Principal Place of Business Mailing Address
 4 HOOK ROAD 4 HOOK ROAD
 SHARON HILL PA 19079 SHARON HILL PA 19079



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/12/2000	
City & State		City & State		5. FEI Number	
Zip		Zip		23-3003463	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KRAMM, EDWARD P	10525 WEST 175TH STREET	OLATHE KS
VCD	JORDAN, GIGI	272 RIDGE DRIVE	STATELINE NV
S	TROILO, JOSEPH A	4 HOOK ROAD	SHARON HILL PA
T	KOLLEDA, BRUCE	2287 LAKE RIDGE TERRACE	LAWRENCEVILLE GA
D	KUO, JAMES	890 WISES MILL ROAD	PHILADELPHIA PA
300004668983--9 -11/06/01--01054--014 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MEAD, CHARLES 370 W. CAMINO GARDENS BLVD PLAZA 7, STE 300 BOCA RATON FL 33432		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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 _____ **SIGNATURE REQUIRED** _____ Date 10-19-01

REGISTERED AGENT MUST SIGN

11. 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: Joseph A. Troilo **SIGNATURE REQUIRED** _____ Date 10/17/01 (610)237-1851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)

SPECIALTY PHARMACY, INC.

ADMINISTRATIVE OFFICES
Four Hook Road
Sharon Hill, PA 19079
610-237-1851
Fax: 610-237-7115

October 18, 2001

VIA FEDERAL EXPRESS:

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**RE: *Reinstatement of Florida Foreign Authority*
*SPECIALTY PHARMACY, INC., A Delaware Corporation***

Ladies/Gentlemen:

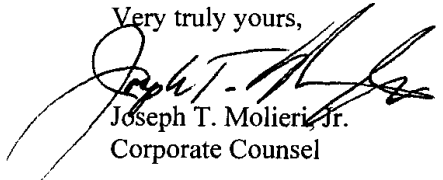
Enclosed please find the executed Application for Reinstatement of the above named corporation's Florida authority. Also enclosed is a check made payable to the Florida Department of State in the amount of \$150.00 in payment of the 2001 Annual Fee.

As I discussed with a representative from your office, I am the individual who prepares and files annual reports for this corporation and I did not receive an annual report to file for this company during the past year. The enclosed Application for Reinstatement was received by my office on October 15, 2001 and I have endeavored to complete it, have it executed and file it as quickly as possible. Because I have not previously received an annual report to complete for this company, I request that the penalty be waived and that the enclosed Application for Reinstatement be approved and processed by your office.

Kindly advise me of the decision made regarding this Application for Reinstatement and my request for waiver of the penalty.

Thanking you for your consideration in this matter and awaiting your reply,

Very truly yours,


Joseph T. Molieri, Jr.
Corporate Counsel

JTM/

Enclosures: as stated.