

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN -3 PM 4:45

DOCUMENT # F02000002646

1. Corporation Name

INTERNATIONAL Pharmacy Solutions INC

2. Principal Office Address

777 NE 63RD ST

Suite, Apt. #, etc.

B412

City & State

MIAMI, FL

Zip

33138

Country

DADE

3. Mailing Office Address

777 NE 63RD ST

Suite, Apt. #, etc.

B412

City & State

MIAMI, FL

Zip

33138

Country

DADE

REINSTATEMENT 04-05
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/02

5. FEI Number

481255829

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

Richard Porter

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

777 NE 63rd St

Suite, Apt. #, Etc.

B412

City

Miami

State

FL

Zip Code

33138

400062574364

01/03/06--01/05--010 **308 75

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

R. Porter

REGISTERED AGENT MUST SIGN

Date 12/28/05

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 | RICHARD PORTER | 777 NE 63rd St B412 | MIAMI, FL 33138 |
| | | Miami, FL 33138 | |
| | | | |
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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 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:

R. Porter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD PORTER 12/28/05

Date

305968 0186

Daytime Phone #

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