CAPITAL CONNECTION 850 222 1222 03/04 '00 08:58 NO.580 02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 28 AM 10:04

DOCUMENT # F83190

1. Corporation Name
Lanier Pharmacy, Inc.

REINSTATEMENT 95-00

2. Principal Office Address	3. Mailing Office Address
Avenue D & 4th Street	P.O. Box 520
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Apalachicola, Florida	City & State Apalachicola, Florida
Zip 32320 Country USA	Zip 32329 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5-28-1982

5. FEI Number 59-2198041 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
J.D. Lanier

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

300003195783--6
-04/04/00-01041-021
***1508.75 ***1508.75

Suite, Apt. #, Etc. N/A

City Apalachicola State FL Zip Code 32320

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.

J.D. Lanier
REGISTERED AGENT MUST SIGN

Date 3-27-00

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
D/P	J.D. Lanier	189 Avenue D	Apalachicola, Florida 32320

AD

10. 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.

RE: J.D. Lanier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00
Date

850-653-8825
Daytime Phone #