

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
99 DEC 23 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002888

1. Corporation Name

APOTHECARY OF THE PALM BEACHES, INC.

Principal Place of Business

429 BELVEDERE ROAD  
WEST PALM BEACH FL 33405

Mailing Address

712 U.S. HWY 1  
SUITE 400  
NORTH PALM BEACH FL 33408

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

06/10/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

88-0350523

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED

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
CPST	KUNZ, RICHARD O DVM	429 BELVEDERE ROAD	WEST PALM BEACH FL 33405

LS

200003087512--2  
-01/04/00--01063--023  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

KUNZ, RICHARD O  
429 BELVEDERE ROAD  
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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  
REGISTERED AGENT MUST SIGN

Date

12/18/99

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard O. Kunz

Date

Daytime Phone #

12/18/99 561-833-0891

0891

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