

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 16 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200025513882
12/16/03--01016--004 **758.75

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G09092

1. Corporation Name

SouthPark Pharmacy, Inc.

2. Principal Office Address		3. Mailing Office Address	
7035 SW 87th Avenue		7035 SW 87th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33173	USA	33173	USA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida	
11/22/1982	
5. FEI Number	Applied For
59-2239764	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name

Maria Alvarez

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

3905 SW 128 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

Maria Alvarez

REGISTERED AGENT MUST SIGN

Date

11/23/03

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 Officers and/or Director	City/State/Zip
Pres	Maria Alvarez	3905 SW 128 Avenue	Miami, FL 33175

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:

Maria Alvarez

Maria Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/23/03

(305271-3082

Daytime Phone #