

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

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 11/22/1982	
5. FEI Number 59-2239764	Applied For 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 Date 11/23/03
REGISTERED AGENT MUST SIGN

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 Date 11/23/03 (305271-3082)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (0002)

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