

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB 19 AM 9:33

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **G 74405**

1. Corporation Name

ROSE DRUGS, INC.

400005022304--5
-02/26/02--01088--019
****908.75 ****908.75

2. Principal Office Address

4810-NORTH NEBRASKA AVE

Suite, Apt. #, etc.

City & State

TAMPA, Florida

Zip

33603

Country

Hillsborough

3. Mailing Office Address

808-South Willow

Suite, Apt. #, etc.

City & State

TAMPA, Florida

Zip

33606

Country

Hillsborough

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-8-83

5. FEI Number

59-2358952

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

ROSE V. FERLITA

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

808-S. Willow Avenue

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

Rose V Ferlita

Date **2-12-02**

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 Officer and/or Director	City / State / Zip
Pres.	ROSE V. FERLITA	808-S. Willow Avenue	Tampa, Florida 33606

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: **Rose V Ferlita** (**ROSE V. FERLITA**) **Pres. of Corp** **2-12-02 (813) 274-7071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/01)