

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 17 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G80049

1. Corporation Name

CANADAY'S PHARMACY, INC

2. Principal Office Address

5304 STATELY OAKS ST

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

Zip

34981

Country

US

3. Mailing Office Address

5304 STATELY OAKS ST

Suite, Apt. #, etc.

City & State

FORT PIERCE FL

Zip

34981

Country

US

REINSTATEMENT

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

02/01/1984

5. FEI Number

59-2368207

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

WETMORE, JOHN W

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

5304 STATELY OAKS STREET

Suite, Apt. #, etc.

800073498088

05/01/06-01054-009 ***900.00

City

FORT PIERCE

State

FL

Zip Code

34981

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**

REGISTERED AGENT MUST SIGN

Date

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
PD	WETMORE JOHN W	5304 STATELY OAKS STREET	FORT PIERCE FL 34981
STD	WETMORE JUDY C	5304 STATELY OAKS STREET	FORT PIERCE FL 34981

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-466-0222