PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H51598

1. Corporation Name

MCCULLY-SNYDER PHARMACY INC.
102 E. HIGHLAND BLVD.
INVERNESS, FL 34452

W-22682

REINSTATEMENT 850

2. Principal Office Address	**3.** Mailing Office Address
102 E. HIGHLAND BLVD	102 E. HIGHLAND BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
INVERNESS, FL	INVERNESS, FL
Zip: 34452 Country: U.S.A.	Zip: 34452 Country: Y U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 04/08/1985 SP

5. FEI Number: 59-2527680 ☐ 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: WILLIAM SCOTT SNYDER

Street Address (P.O. Box Number is Not Acceptable): 102 E. HIGHLAND BLVD

Suite, Apt. #, Etc.

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-10/09/00--01071--001
****458.75 ****458.75

City: INVERNESS State: FL Zip Code: 34452

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: William Scott Snyder Date: 9/12/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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.	WILLIAM SCOTT SNYDER	102 E. HIGHLAND BLVD.	INVERNESS, FL 34452

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: William Scott Snyder PRES SEPTEMBER 12, 2000 352-341-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CustomMeds®

102 East Highland Blvd. Inverness, Florida 34452 (352) 341-1212
1-800-226-2023 • FAX (352) 341-2626

September 13, 2000

Re: reinstatement fee

To Whom It May Concern:

My name is Scott Snyder and I am a pharmacist/owner of McCully - Snyder Pharmacy, Inc. About 2 years ago I began a merger of my pharmacy with another pharmacy group over in Orlando, Fl. During that process, all of my pharmacy bills were paid by that groups financial office. Unfortunately, after about 4 months of the merger process we decided to disengage and not follow through with the merger/joint venture. Among other financial problems, created by this failed venture, it now appears that my (McCully - Snyder Pharmacy Inc) coporate renewal notices were not forwarded back to me.

Now 2 years later, I have just discovered that my corporation has been inactive with your office for 2 years (since 1998). I run a small corner drug store here in Citrus county, and my business will be severly handicapped if required to pay the full $1,050.00 reinstatement fee and therefore I would humbly request a waiver or at least a reduction in that fee.

Thank you in advance for your consideration of this request. Please find enclosed my reinstatement application and if you will kindly let me know how much I will need to pay you, I will mail you a check.

Warm Regards,

Scott Snyder

Scott Snyder, R.Ph.
Pharmacist/owner