

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAR 25 PM 12:16

DOCUMENT # **H 67483**

1. Corporation Name

WEST PHARMACY CORPORATION

2. Principal Office Address

1124 W 69 PL

Suite, Apt. #, etc.

City & State

HI/AL/EAH FL

Zip

33014

Country

U.S.A.

3. Mailing Office Address

1124 W 69 PL

Suite, Apt. #, etc.

City & State

HI/AL/EAH FL

Zip

33014

Country

U.S.A.

REINSTATEMENT 86-04

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

07-17-1985

5. FEI Number

650690950

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

JOSEPH BARBER

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

1124 W 69 PL

Suite, Apt. #, Etc.

City

HI/AL/EAH

State

FL

Zip Code

33014

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

X Joseph Barber

Date

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
P	JOSEPH BARBER	2750 W 76 ST #210	HI/AL/EAH FL 33014

000031845200
04/05/04--01064--028 **2912.50

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:

X Joseph Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-23-04

Date

Daytime Phone #