PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -7 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70132

1. Corporation Name

PARRADO PHARMACY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
~~4707 RIVERHILLS DRIVE~~ ~~TAMPA FL 33617~~	~~4707 RIVERHILLS DRIVE~~ ~~TAMPA FL 33617~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2727 W. MARTIN LUTHER KING Suite, Apt. #, etc.	2727 W. MARTIN LUTHER KING Suite, Apt. #, etc.
City & State TAMPA, FLA	City & State TAMPA, FL
Zip 33607 Country	Zip 33607 Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/07/1985

5. FEI Number: 59-2567685 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	ROQUE, DANIEL J.	8703 ELMWOOD LANE	TAMPA FL
DP	TRAFFICANTE, FRANK F.	4707 RIVERHILLS DRIVE	TAMPA FL
DTS	COLLADO, ANTHONY	15212 TILLWOOD PLACE	TAMPA FL
DV	PARRADO, ROBERT MARIO	7922 FLOWERFIELD DRIVE	TAMPA FL

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-11/13/96-01
*****375.00 *****375.00

8. Name and Address of Current Registered Agent

TRAFFICANTE, FRANK F.
4707 RIVERHILLS DRIVE
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Frank F. Trafficante SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN
Date: 11-1-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Frank F. Trafficante FRANK F. TRAFFICANTE 11-1-96 813-873-7612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)