

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
98 JAN 16 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H70132

1. Corporation Name

PARRADO PHARMACY ASSOCIATES, P.A.

Principal Place of Business

2727 W. MARTIN LUTHER KING
TAMPA FL 33607

Mailing Address

2727 W. MARTIN LUTHER KING
TAMPA FL 33607

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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 ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
DP	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 DTS	PARRADO, ROBERT MARIO	7922 FLOWERFIELD DRIVE	TAMPA FL
1		REINSTATEMENT	97 SL 1-16-98

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)

300002405953-4

Suite, Apt. #, Etc.

01/21/98-01014-012

****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date 11-18-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

11-18-97 813-973-412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/97)