

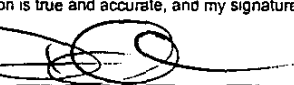


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J 14862			
1. Corporation Name ALLA PATTAN MEDICAL PHARMACY Building, Inc			
2. Principal Office Address 3520 NW 17th AV		3. Mailing Office Address 3129 W HALL BCH BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #107	
City & State MIAMI FL		City & State PENSACOLA FL	
Zip 33142	Country USA	Zip 33009	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 5/19/86		5. FEI Number 59-2712860	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name DAVID HARRIS			
Street Address (P.O. Box Number is Not Acceptable) 3520 NW 17th AVE			
Suite, Apt. #, Etc.			
City MIAMI FL		State FL	Zip Code 33142
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 		Date 1/16/06	
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
PD	DAVID HARRIS	4921 N 36th CT	HLW FL 33021
TD	IRVING HERRIS	3400 SOCEAN BLVD #38	PALMBCH FL 33480
SD	ZELDA SILVER	3600 YACHT CLUB DR #1402	AVENTURA FL 33180
B 2/10/06			
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 		DAVID HARRIS Pres 1/16/06 954-966-6730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #