

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
DIVISION OF CORPORATIONS
13 OCT 31 AM 8:00

DOCUMENT # K29972

1. Corporation Name

Massey Drugs, Inc.

2. Principal Office Address - No P.O. Box #

105 W. Jefferson Street

Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 625

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

Zip

32353

Country

USA

600253405266
10/31/13--01005--004 **750.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/2/1988

5. FEI Number

59-2907728

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

Terrance L. Massey

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

105 W. Jefferson Street

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Terrance L. Massey

REGISTERED AGENT MUST SIGN

Date October 30, 2013

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
D,P,S-T	Terrance L. Massey	105 W. Jefferson Street	Quincy, FL 32351

REINSTATEMENT

OCT 31 2013

R. HUNT

10. E-mail Address: terrancem101@aol.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Terrance L. Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2013

(850) 508-3443

Date

Daytime Phone #