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APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JAN 14 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39238

1. Corporation Name

HIGHLAND PHARMACY INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1224 So. Highland Ave.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
N/A	N/A
City & State	City & State
CLEARWATER	FL
Zip / Country	Zip / Country
33756 / America	~~33756~~

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: JAN 1, 1990 ~~DEC 21, 1989~~

5. FEI Number: 59-2959627 (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: LYNNE E. AINLEY

Street Address (P.O. Box Number is Not Acceptable): 1224 So. HIGHLAND AVE

Suite, Apt. #, Etc.:

City: CLEARWATER, State: FL, Zip Code: 33756

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0533, F.S.

Signature of Registered Agent: Lynne E. Ainley Date: 11-1-13
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
PRES.	LYNNE E. AINLEY	844 MICHELE CT.	DUNEDIN, FL 34698
	REINSTATEMENT 2013+2014		

10. E-mail Address: LEAINLEYFL@HOL.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.; 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: Lynne E. Ainley 11/1/13 727-735-5013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #