

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
DIVISION OF CORPORATIONS

02 OCT 30 AM 10:28

10/31

1. DOCUMENT # L99000004647

Name and Mailing Address

0004438 01 FP 0.352 **PRSR T4 0 0615 33437-293880



SUNCOAST PHARMACY OF BOYNTON BEACH, LLC
8280 JOG ROAD
BOYNTON BEACH FL 33437-2938



REINSTATEMENT 2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

Principal Place of Business

8280 JOG ROAD
BOYNTON BEACH FL 33437

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/29/1999

6. FEI Number

65-0937012

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

BLOCH, STUART E
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Stuart E. Bloch
REGISTERED AGENT MUST SIGN

Date 10/23/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ACKERMAN, HOWARD	9080 KIMBERLY BOULEVARD	BOCA RATON FL 33434

REINSTATEMENT 2002

000008687290
10/30/02--01022--006 **150.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Howard Ackerman

Date 10-23-02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager HOWARD ACKERMAN