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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M 37873

1. Corporation Name
PROFESSIONAL Pharmacy Discount
CORP. *ADM*
DS

2. Principal Office Address
13218 SW 8 St
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Miami FL

City & State

Zip 33184 **Country** US

4. Date Incorporated or Qualified To Do Business in Florida
09-04-1986

5. FEI Number
592736056 **Applied For** ☐ **Not Applicable** ☒

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

04-29-04 01014 011 \$150.00

03-04

7. Name and Address of Current Registered Agent

Name
MARIA FARFAN **REINSTATEMENT**

Street Address (P.O. Box Number is Not Acceptable)
13218 SW 8 St

Suite, Apt. #, Etc.

City
Miami FL

800043957478
01/04/05 01014 011 **150 00
FL 33184

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 *Maria Farfan* **Date** 4-18-04

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
P	MARIA FARFAN	1430 NW 161 AVE	Pembroke Pines FL
VP	"	"	33028
T	"	"	"
S	"	"	"
D	"	"	"
C	"	"	"

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 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: *Maria Farfan* **4-18-04** **305-551-0041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2081 (01/04)

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**PROFESSIONAL
PHARMACY DISCOUNT
CORP.**

13218 SW 8 TH STREET
MIAMI FL 33184
305-551-0041



December 27, 2004

FLORIDA DIVISION OF CORPORATION

Dear Sir or Madam:

Please be advised we never received the paper work for 2004 on time for the annual uniform business report. In addition, you have a check for 2003 corporate annual report on file but apparently the annual report /uniform business report was misplaced. I will make a new report for 2003 and resubmit 2004 report and a check, please wave the reinstate fee.

Sincerely,

Maria Farfan

Maria Farfan
President