

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M42713

1. Corporation Name

PPO INCORPORATED

Principal Place of Business

Mailing Address

801 MEADOWS RD #103  
BOCA RATON FL 33486

801 MEADOWS RD #103  
BOCA RATON FL 33486

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

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4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/1986

SP

5. FEI Number

59-2763299

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DS	ASHBAUGH, A. RODNEY	801 MEADOWS RD., STE. 101	BOCA RATON FL
DP	DELMAN, JERRY	801 MEADOWS RD., STE. 101	BOCA RATON FL

300003449183--4  
-11/02/00--01081--018  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOCA RATON COMMUNITY PHARMACY INC.  
801 MEADOWS RD #101  
BOCA RATON FL 33486

Name

JERRY DELMAN

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

801 MEADOWS RD #101

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/16/00

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/00  
Date

581-391-9616  
Daytime Phone #

CR2E040 (8/00)