

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# M82701

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PEOPLES DRUG STORE, INC.

**Current Principal Place of Business:**

360 N.W. 8TH STREET  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

360 N.W. 8TH STREET  
MIAMI, FL 33136

**New Mailing Address:**

**FEI Number:** 65-0060856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUTTON, ROSE  
20021 NW 3 PL  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROSE SUTTON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEWIS, GLORIA B  
Address: 360 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33136

Title: VPD  
Name: LEWIS, GEORGE P III  
Address: 360 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33136

Title: SD  
Name: LEWIS, CARL A  
Address: 360 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33136

Title: TD  
Name: LEWIS, DERRICK K  
Address: 360 N.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33136

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA LEWIS

PD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date