

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000007656

1. Corporation Name

VOLUSIA/FLAGLER COUNTY PHARMACY ASSOCIATION, INC

Principal Place of Business

1545 TOWN PARK DRIVE
PORT ORANGE FL 32129

Mailing Address

1545 TOWN PARK DRIVE
PORT ORANGE FL 32129

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/2001

5. FEI Number

16-1643906

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DODDO, MARCUS	105 NORTHBROOK LANE	ORMOND BEACH FL 32174
VD	HUGUENIN, LARRY B	738 KNOLLVIEW BOULEVARD	ORMOND BEACH FL 32174
SD	SMITH, JACK	872 TORCHWOOD DRIVE	DELAND FL 32724
TD	ETHRIDGE, ROBERT W	1545 TOWN PARK DRIVE	PORT ORANGE FL 32129
D	GOUDREAU, DENIS	115 ST. ANDREWS DRIVE	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

GAMBERT, WILLIAM N
629 NORTH PENINSULA AVENUE
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/17/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-17-02 386-947-3652

Daytime Phone #

282

Volusia County Pharmacy Association
1545 Town Park Drive
Port Orange, Florida, 32129

December 16, 2002

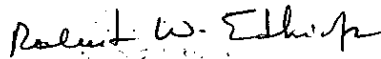
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am writing this letter to ask that the re-instatement fee on this corporation be waived. I did not receive the two prior UBR notices. The completed reinstatement application and the proper fees are enclosed.

Thank you very much for your assistance in this matter.

Sincerely yours,


Robert W. Ethridge, Treasurer