


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02000007769			
1. Corporation Name COMMUNITY PHARMACY OF ST. LUCIE COUNTY, INC.			
2. Principal Office Address 111 NW 183 rd St. Suite, Apt. #, etc. 402 City & State Miami, FL Zip 33169 Country US		3. Mailing Office Address 111 NW 183 rd St. Suite, Apt. #, etc. 402 City & State Miami FL Zip 33169 Country US	

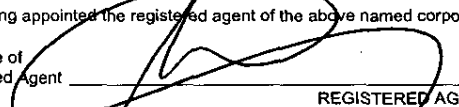
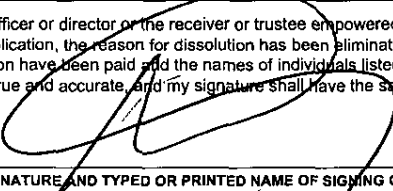
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida 10/09/02	
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CAROL JOHNSON	
Street Address (P.O. Box Number is Not Acceptable) 111 NW 183 rd St. Suite, Apt. #, Etc. 402	
City Miami	State FL
Zip Code 33169	

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 		Date 12/17/03	
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
D	KEN-EARL SAUNDERS	5633-NW-106 WAY	CORAL SPRINGS, FL 33076
D	KERRY BARROW	16841 SW 5 COURT	WESTON, FL 33326
D	BRENDA THREAT	2281 TALLAHASSEE DR	TALLAHASSEE, FL 32309
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: 		Date 12/17/03	Daytime Phone # 305-249-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)