

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005810

1. Corporation Name

SENIOR RX ASSISTANCE CHARITABLE TRUST, INC.

2. Principal Office Address

11375 Cortez Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

11375 Cortez Blvd.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip 34613

Country USA

Zip 34613

Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/02/2003

5. FEI Number 20-0123915

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Deborah L. Walker-Druzbeck

Street Address (P.O. Box Number is Not Acceptable) 11375 Cortez Blvd.

Suite, Apt. #, Etc.

City Brooksville, FL 34613

State FL Zip Code 34613

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

Deborah L. Walker-Druzbeck
REGISTERED AGENT MUST SIGN

Date Oct. 28, 2004

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	Robert C. Schenck	2096 Gold Road	Spring Hill, FL 34609
D	Deborah L. Walker-Druzbeck	11375 Cortez Blvd.	Brooksville, FL 34613
D	Jean Rags	20 N. Main St., Ste 161	Brooksville, FL 34601

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:

Deborah L. Walker-Druzbeck
Deborah L. Walker-Druzbeck

Oct. 28, 2004 (352) 597-6331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)