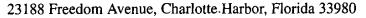
100

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT					FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				FILED 04 NOV 17 AM 8:56						
DOCUMENT # N 9900000 336								- SEGRETARY OF LITATE TALLAHASSEE, FLORIDA							
1. Corporation Name St VINCENT DE PAU Community PHARMACY OF CHARLOTTE COUNTY INC 1282 MARKET CIR UNIT 6												,			
1282 MARKET CIR UNIT 6								AR :							
POLT CHAKOTE 1 FL 33953-3885								No							
2. Principal Office Address 1282 MARKET CIRCE 12					1282 MAKKET CIK			REIV	STO	TS	AENT		$\gamma \gamma_{\lambda}$	Ž	
Suite, Apt. #, etc.				Suite, Apr	Suite, Apt. #, etc.									-₩	
Unit C				City & Str	City & State A				4. Date Incorporated or Qualified To Do Business in Florida 10 2 5 99						
PT (DT CHAMOTTE FO				DE CHANCOITE PL			5. FEI Number Applied For Not Applied For							
339	53 CARROTT			zip 33	953	CHAKLO	ite	6. CERTIFICATE OF STATUS DESIRED				ditional f	Fee require of Status	4	
7. Name and Address of Current Registered Agent													:	_	
	Name THOMAS F FERRALA										1				
	Street Address (P.O. Box Number is Not Acceptable) 1744 Cos Acardo Da											4		÷	
	Suite, Apt. #. Ætc.														
	City RATA GOLTO								State FL	Zip Code 339		***			
8. I, being															
Signature of														CRZE081 (01/04)	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)														1	
Titles	Name of Officers and/or Directors					Street Add Officer and			Ci	ty / State / Zip)		1		
<i>p</i>	THOMAS F FEEL ALA				1744	1744 LOS AC AMO > DK			Pun	m O	OKBA 1	Fz.	50		
D	CALL GERACE				23188 FLEEDOM AVE			Pro	CHAR	OTTE	F2.	80]		
ろ	PAT GARRITON				1	1266 GLEENORY TEA				CUL	126017	- 3390	- 720		
V	There Jones				304	304 COLRIENTES CIL			Pur	779	GOLT	23	3 <i>983</i>		
D	MARK OASPERICLA				287	287 FIELDS TEXANGE				PT CHAKLOITE, FZ. 33942					
				`				11/1	000 704	428 01033-	301 -011	33 **61.	25		
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 filling 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 significance that have the same legal effect as if made under oath.															
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #															
L		/						,	•		• • • • • • • • • • • • • • • • • • • •		,	L	







Web Site: www.cfa1.com Fax: (941) 629-4986 Phone: (941) 629-8927

November 15, 2004

Division of Corporations Annual Report/Uniform Business Section P.O. Box 6327
Tallahassee, FL 32314

Reference: St. Vincent DePaul Community Pharmacy of Charlotte County, Inc..

Document #N 9900006336

To Whom It May Concern:

My above referenced client did not receive their reminder for their annual report or if they did, it was lost with all the Hurricane problems. We ask that their reinstatment fee please be waived.

We have enclosed a Corporation Reinstatment. Enclosed is their check #1116 for \$61.25.

Thank you for your help in this matter.

Coast Financial Advisors, Inc.

Catherine L. Gerace

Catherine L. Gerace, EA, ATA, ABA

Enclosures -

cc: Client File

CLG:lcb