

1 of 2

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N 99000006336

1. Corporation Name ST VINCENT DE PAUL COMMUNITY PHARMACY OF CHARLOTTE COUNTY INC 1282 MARKET CIL UNIT 6 POLT CHARLOTTE, FL 33953-3885

2. Principal Office Address 1282 MARKET CIRCLE 3. Mailing Office Address 1282 MARKET CIL

Suite, Apt. #, etc. UNIT 6 Suite, Apt. #, etc. UNIT 6

City & State PT CHARLOTTE FL PT CHARLOTTE FL

Zip 33953 Country CHARLOTTE Zip 33953 Country CHARLOTTE

Handwritten initials

REINSTATEMENT 2004

4. Date Incorporated or Qualified To Do Business in Florida 10-25-99 5. FEI Number 05-0958642 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 THOMAS F FERRALA Street Address (P.O. Box Number is Not Acceptable) 1744 LOS ACAMOS DR Suite, Apt. #, Etc. City PUNTA COLIDA State FL Zip Code 33950

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 REGISTERED AGENT MUST SIGN Date

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include THOMAS F FERRALA, CALL GERACE, PAT GARRISON, IRENE JONES, MARK O ASPERILLA.

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. SIGNATURE: [Signature] Date 11-15-04 Daytime Phone # 941 629 8927

CFR2E081 (01/04)

**COAST FINANCIAL ADVISORS, INC.**  
23188 Freedom Avenue, Charlotte Harbor, Florida 33980

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

2002

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 99000006336

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 reinstatement fee please be waived.

We have enclosed a Corporation Reinstatement. 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