## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P000003111
-----------------------

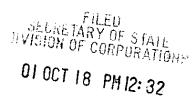
1. Corporation Name

ADAMS PHARMACY SERVICES, INC.

Principal Place of Business

Mailing Address

6406 HWY 90 MILTON FL 32570 6406 HWY 90 MILTON: FL 32570



Daytime Phone #

MILIONIL	OLUTO .		INICION 1 C	02010		1168/1881	121 201): 401): 001: 001: 001: 101: 101: 101: 101:	1988+ 1488  11883 1184 1884
		incorrect in any way, line the						<b>-</b>
				ng Office Address, If Applicable		Date Incorporated or Qualified		
Same				Same		To Do Business in Florida 03/28/2000		
Suite, Apt. #, etc.  Suite, Apt. #  City & State  City & State						5. FEI Number Applied For		
						59-3640087		<del>    ''                                </del>
City a State			City & State					Not Applicable
Zip		Country	Zip		Country	CERTIFICAT	E OF STATUS DESIRED ( for	Additional Fee required a Certificate of Status
7. Names	and Street Ad	Idresses of Each Officer an	d/or Director (Flo	orida nonprofi	t corporations must list at le	ast 3 directors)		•
Title(s)	2	Name of Officers and/or Directors		3	Street Address of Eacl Officer and/or Directo		City / Stat	te / Zip
DPS	ADAMS, ROBERT P			-3191_HAI	ARISON STREET		MILTON FL 32583	· ·
			3259 Bernath St					
T	ADAMS, MELISSA A			_3191-HAI	<del>rrison s</del> treet		MILTON FL 32583	
				3259 Bernath St.				
							100046599 -10/30/0101	5609 077 <u>0</u> 03
							****150.00	****150.00
								***************************************
							W	1(1/20)
8. Name and Address of Current Registered Agent						9. Name and	Address of New Registered A	gent \
					Name			
ADAMS, ROBERT P								
6406 HWY 90					Street Address (I	s (P.O. Box Number is Not Acceptable)		
WIT LO	N. FL. 32570		وتحسدسيد		Suite, Apt. #, Etc			<del></del>
					City		State <b>FL</b>	Zip Code
10   being	annointed th	a radictared agent of the ob	nove named com	oration are fo	miliar with and accept the o	bligations of Soci	" "-	L
TO. 1, Deling	appointed in	le registered agent of the ac	ove named corp	oration, ann ia	7	ongations of Sect	ion 607.0505, F.S.	
Cianatura			1.50%	1///			. / . /	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADAMS PHARMACY 6406 HWY 90 MILTON, FL 32570 (850) 623-6377 FAX 850-623-3336

10-15-01

Department of State Division of Corporations P.O. box 6327 Tallahassee, FL 32314

## To Whom It May Concern:

This letter is regarding the recent notice of Administrative Dissolution or Revocation. We are sending the application for reinstatement form along with the \$150.00 as per our calling regarding this application we were told to send this amount because we were never sent an application for renewal. The corporate officers have moved, however there was a forwarding of mail through the postal office for the mail to go to the new address indicated. The current business address remains the same. Please let us know if we need to complete any further paperwork regarding this matter.

Thank you,

Paul Adams,

**CEO of Adams Pharmacy**