

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 OCT 31 PH 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000079711

1. Corporation Name

T & L Pharmacies, Inc.

2. Principal Office Address

5421 Karlsburg Place

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34685

Country

USA

3. Mailing Office Address

5421 Karlsburg Place

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34685

Country

USA

REINSTATEMENT

CR2E081 (8/05)

05

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/23/2000

5. FEI Number

59-3681035

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

Constantine W. Papas, Esq.

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

201 N. Franklin Street

Suite, Apt. #, etc.

Suite 2200

City

Tampa

State

FL

Zip Code

33602

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

Constantine W. Papas

Date 10/24/05

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
VD	Mandeep Taneja	12399 Belcher Road S, STE 140	Largo, FL 33773
PD	Michelle LaGamba	5421 Karlsburg Place	Palm Harbor, FL 34685

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10/31/05--01050--017 **758.75

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:

Mandeep K. Taneja
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/05

Date

727-683-0670

Daytime Phone #

11/1/05