

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P00000096185

1. Corporation Name

MELROSE PHARMACY, INC.

Principal Place of Business

Mailing Address

SR 21 N
MELROSE FL 32666

SR 21 N
MELROSE FL 32666



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
8744 S.R. 21

3. New Mailing Office Address, If Applicable
8744 S.R. 21

4. Date Incorporated or Qualified
To Do Business in Florida

10/12/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

59-3678492

City & State

City & State

Melrose, Florida

Melrose, Florida

Zip

Country

Zip

Country

32666

Clay

32666

Clay

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
President	Howard Eckenrode	216 N.E. 6th St	Gainesville, FL. 32601-3574
Treasurer			
Vice-President	Jenny Eckenrode	216 N.E. 6th St.	Gainesville, FL. 32601-3574
Secretary			

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****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ECKENRODE, HOWARD
216 NE 6TH ST
GAINESVILLE FL 32601

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date October 22, 2001

REGISTERED AGENT MUST SIGN

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)(l), 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: Howard Eckenrode, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 22, 2001

Date

(352)475-3919work
(352)378-0355home
Daytime Phone #

2-

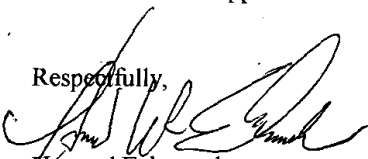
Howard Eckenrode
Registered Agent for:
Melrose Pharmacy, Inc.
8744 State Road 21
Melrose, Florida 32666
(352) 475-3919 Business
(352) 378-0365 Home
(352) 281-0380 Cell
Document # P00000096185

Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Katherine Harris:

This letter is to inform you that, due to the delay in getting this business started, we did not receive the annual reports/uniform business reports forms. We have unfortunately had several delays, but we are finally ready to get started (Hopefully by December 15, 2001). As per your staff's recommendation, I am enclosing this letter with the reinstatement application and \$150.00. Thank you for your time in this matter.

Respectfully,


Howard Eckenrode
Registered agent