

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 14 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000097860

1. Corporation Name

NATIONAL PERScription SERVICES, INC.

Principal Place of Business

9508 SLOANE STREET  
ORLANDO FL 32827

Mailing Address

9508 SLOANE STREET  
ORLANDO FL 32827

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/2000

5. FEI Number

59-3673590

Applied For

Not Applicable

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)

Title(s)

1

2

Name of Officers  
and/or Directors

3

Street Address of Each  
Officer and/or Director

4

City / State / Zip

P

THOMAS, ROBERT W

9508 SLOANE STREET

ORLANDO FL 32827

~~VP~~

~~GEISS, ART~~

~~1870 OSHEA LANE~~

~~MARIETTA GA 30062~~

V.P.

Zabrecky, Julianne

850 Palmetto Tr.

Oviedo, Fl. 32765

800013091478  
02/25/03--01051--001 \*\*750.00  
800013091478  
03/14/03--01101--007 \*\*150.00

8. Name and Address of Current Registered Agent

THOMAS, ROBERT W  
9508 SLOANE STREET  
ORLANDO FL 32827

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Robert W. Thomas*  
REGISTERED AGENT MUST SIGN

Date

2-12-03

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:

*Robert W. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-12-03

Daytime Phone #

CH2E040 (8/02)