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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 28 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000104741

1. Corporation Name

Almendares Pharmacy

100074535081
05/14/06--01001--013 **450.00

CR2E081 (12/05)

2. Principal Office Address

1840 W 49th St.

Suite, Apt. #, etc.

Suite 106

City & State

Hialeah, FL

Zip

33012

Country

USA

3. Mailing Office Address

1840 W. 49th St.

Suite, Apt. #, etc.

Suite 106

City & State

Hialeah, FL

Zip

33012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/4/1999

5. FEI Number

593681837

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

Rosa Duquen

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

1840 W. 49th St.

Suite, Apt. #, Etc.

Suite 106

City

Hialeah

State

FL

Zip Code

33012

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

Rosa Duquen
REGISTERED AGENT MUST SIGN

Date

4/20/2006

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 |
|--------|--------------------------------------|---|-----------------------|
| P | Rosa Duquen | 8882 NW 170 th St. | Miami Lakes, FL 33018 |
| M | Nilo Duquen | 18312 NW 48 th Ave | Miami Lakes, FL 33018 |
| | | | B 5/8/06 |
| | | | REINSTATEMENT 04-06 |
| | | | |
| | | | |

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 contained in Chapter 119, 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:

Nilo Duquen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/2006 (305)821-0709

Daytime Phone #

1840 W. 49th St Suite 106
Hialeah, FL 33012

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Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

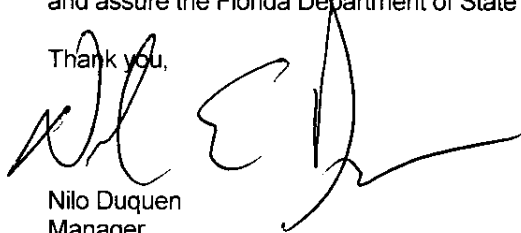
Dear Florida Department of State:

April 20, 2006

Florida Department of State:

This letter is being sent, as notification that the annual report notices have never been received by, Almendares Pharmacy Corp. We have recently found that our corporation has been inactive since October 2004. Since we were unaware of the necessary paperwork that was to be filed annually, we would like to ask that the penalty fee be waived. A check is enclosed in the amount of \$450.00 for the unpaid fees of 2004-2006. Almendares Pharmacy Corp. would like to apologize for this inconvenience, and assure the Florida Department of State that this will not be a recurring situation.

Thank you,



Nilo Duquen
Manager
Almendares Pharmacy

ALMENDARES PHARMACY
1840 W. 49th Street, Suite 106
Hialeah, FL 33012
Tel: (305) 821-0709