

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049305

1. Corporation Name

BEN-TAL PHARMACY SERVICES, INC.

Principal Place of Business

12229 SOUTH WEST 53RD STREET
BUILDING 300 STE 306
COOPER CITY FL 33330

Mailing Address

12229 SOUTH WEST 53RD STREET
BUILDING 300 STE 306
COOPER CITY FL 33330



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

2. New Principal Office Address, If Applicable

METCANE RX

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

500 AUSTRALIAN AVE SUITE 1000

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

Zip

33401

Country

PALM BEACH

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2001

5. FEI Number

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	FRED STERNBERG	SUITE 1000 500 AUSTRALIAN AVE, SOUTH	WEST PALM BEACH, FL 33401
SECRETARY	DAVID GARTNER	SUITE 1000 500 AUSTRALIAN AVE, SOUTH	WEST PALM BEACH, FL 33401

300008622163
10/28/02--01068--017 **750.00

8. Name and Address of Current Registered Agent

STERNBERG, FRED
METROPOLITAN HEALTH NETWORKS, INC.
500 AUSTRALIAN AVE SOUTH, SUITE 1000
W. PALM BEACH FL 33401

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

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/14/02

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:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/02 561-850-8500

CFR2040 (8/02)