

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 25 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058344

1. Corporation Name

ECare Pharmacy, Inc

2. Principal Office Address - No P.O. Box #
6440 NW 41st Street

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
125

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State

Zip
33067

Country
Broward

Zip

Country

REINSTATEMENT 03-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **06/12/2001**

5. FEI Number
65-1106620

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
Nancy Johnson

Street Address (P.O. Box Number is Not Acceptable)
6440 NW 41st Street

Suite, Apt. #, Etc.
125

City
Coral Springs,

State Zip Code
FL 33067

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Nancy Johnson

REGISTERED AGENT MUST SIGN

Date **09/26/07**

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	Nyla Alexander	6440 NW 41st Street	Coral Springs, FL 33067

300109894473
09/25/07--01034--012 **750.00

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:

Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/26/07

Date

305-282-0996

Daytime Phone #