

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 9:43

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000058344**

1. Corporation Name

ECARE PHARMACY, INC.

2. Principal Office Address

Dr
1802 N. University

Suite, Apt. #, etc.

Suite 144

City & State

Plantation FL

Zip

33322

Country

Broward

3. Mailing Office Address

1802 N. University

Suite, Apt. #, etc.

Suite 144

City & State

Plantation, FL

Zip

33322

Country

Broward

REINSTATEMENT 2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/2001

5. FEI Number

65-1106420

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

200009702422

City

TALLAHASSEE

State
FL

Zip Code
32301-

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

Jeanine Reynolds

Jeanine Reynolds
as its agent

REGISTERED AGENT MUST SIGN

Date **12-26-02**

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 |
|-------------------|--------------------------------------|---|----------------------|
| CFO | Maxito Peral | 1802 N. University Dr | Plantation FL, 33322 |
| CEO/ President | Marcia A. Walkey | 1802 N University Dr | Plantation, FL 33322 |
| Sec | Harold Guy | 1802 N. University Dr | Plantation FL 33322 |
| | | | |
| | | | |
| | | | |
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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 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:

Marcia A. Walkey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/02

Date

Daytime Phone #

CR2E061 (9/01)



2052

ACCOUNT NO. : 072100000032

REFERENCE : 822215 7237021

AUTHORIZATION

Patricia Pigato

COST LIMIT : \$ 750.00

ORDER DATE : November 15, 2002

ORDER TIME : 12:26 PM

ORDER NO. : 822215-015

CUSTOMER NO: 7237021

CUSTOMER: Ms. Marcia A. Walker-guy-72370
Infomed, P.c.
8201 Peters Road
Suite 1000
Plantation, FL .33324

RECEIVED
02 DEC 26 PM 2:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ECARE PHARMACY, INC.

*File
12/1*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____