

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000068827

1. Corporation Name

PILL NETWORK, INC.

Principal Place of Business

148 CLINTON STREET
SCHENECTADY NY 12305

Mailing Address

148 CLINTON STREET
SCHENECTADY NY 12305

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

2. New Principal Office Address, If Applicable

1450 N US HIGHWAY 1
Suite, Apt. #, etc. 700

City & State
ORMOND BEACH FL

Zip 32174 Country

3. New Mailing Office Address, If Applicable

1450 N US HIGHWAY 1
Suite, Apt. #, etc. 700

City & State
ORMOND BEACH FL

Zip 32174 Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2001

5. FEI Number

58-2634993

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LACOUR, JUDE	1450 N US HIGHWAY 1 SUITE 700	ORMOND BEACH FL 32174

8. Name and Address of Current Registered Agent

LACOUR, JUDE
1405 N US HIGHWAY 1 SUITE 700
ORMOND BEACH FL 32174

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

CR2E040 (8/02)

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

Jude Lacour
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/17/02

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:

Jude Lacour
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/02

Daytime Phone #

PILL NETWORK, INC
1450 N US HIGHWAY 1 - SUITE 700
ORMOND BEACH, FL 32174

11-18-02

Division of Corporations
Tallahassee, FL 32314

Dear Sir or Madam:

Please reinstate my corporation.

Prior UBR notices were not received.

Enclosed find completed application for reinstatement and \$150 filing fee.

Also note new mailing address.

Thank you.



Jude LaCour
President