

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075202

1. Corporation Name

Virgo Pharmacy Discount, Corp.

REINSTATEMENT 2002

2. Principal Office Address

2072 NE 8th Street

Suite, Apt. #, etc.

3. Mailing Office Address

2072 NE 8th Street

Suite, Apt. #, etc.

City & State

Homestead, Fl.

City & State

Homestead, Fl.

Zip

33032

Country

US

Zip

33032

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/2001

5. FEI Number

65-1136057

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

BOSCH, PURA

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

SAME

Suite, Apt. #, Etc.

City

State
FL

Zip Code

800009007399

11/14/02 01074 017 **750 75

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

REGISTERED AGENT MUST SIGN

Date 11/07/2002

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
PD	BOSCH, PURA	2072 NE 8th Street	Homestead, Fl. 33032

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:

BOSCH, PURA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-07-02

Daytime Phone #

786-6838011

CR2E081 (9/01)