

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 NOV 18 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088311

1. Corporation Name

HEALTH PLAN PHARMACY SERVICES, INC.

2. Principal Office Address

5535 MEMORIAL HIGHWAY

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33634

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300009046873
11/18/02--01047--002 **750.00

REINSTATEMENT 2002

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

5. FEI Number

59-3743523

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

THOMAS J. CARRIGAN

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

11282 W HILLSBOROUGH AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code
33634

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**

Thomas J. Carrigan
REGISTERED AGENT MUST SIGN

Date 11-06-02

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
	PRESIDENT CARIDAD GONZALEZ-LIMBERG	5208 LONGBOAT BLVD	TAMPA, FL 33615

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:

Caridad Gonzalez-Limberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-6-02

Daytime Phone #

CR2E081 (9/01)