

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB -5 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000105676

1. Corporation Name

Advantage Prescription Services

2. Principal Office Address

1469 MORROW DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1469 MORROW DR

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater, FL

Zip

33756

Country

Pinellas

Zip

33756

Country

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

11-01-01

5. FEI Number

593754810

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

Larry Sisson

500011797745

02/05/03--01/01--002 **300.00

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

218 Southern Country Lane

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Date

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|---------------------|
| DP | Dale R. BUIRD SR. | 1469 MORROW DR. | Clearwater FL 33756 |
| DS | Cindy H. BUIRD | 1469 MORROW DR | Clearwater FL 33756 |
| D | Dale R. BUIRD JR. | 1469 MORROW DR | Clearwater FL 33756 |
| | | | |
| | | | |
| | | | |

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:

Dale R. Buird Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03
Date

727 447-7988
Daytime Phone #

Dale R BUIRD SR.

gs 2/1/03

CR2E081 (10/02)

January 23, 2003

Advantage Prescription Services
1469 Morrow Drive
Clearwater, Fl. 33756
593754810

Dale R. Buird Sr.-President

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sirs:

I found out that my corporation was dissolved on May 1, 2002 for failure to file needed forms. I never received the notice to file. We had to relocate our business because of the Clearwater Mall our location, was to be demolished.

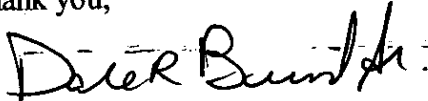
We filled out a forwarding address form with the United States Post Office with the address above and received no forwarding mail from the Division of Corporations.

I went on line a few weeks ago to check to see when we needed to file for our next year, because I had not received a renewal notice yet. That is when I found out about the corporation dissolution. I called today and spoke with Justin, he told me about the fee due back in May of 2002.

I request a waiver of the current fee of \$900.00 because of no notice received and also request reinstatement of Advantage Prescription Services, Inc.

This is the very first corporation I have owed and I did not know that a fee would be due in May, seven months after I opened the corporation. Had I received a notice I would of paid it.

Thank you,



Dale R. Buird Sr.
President, Advantage Prescription Services