

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000083863

1. Corporation Name

FIRST CHOICE PHARMACY, INC.

Principal Place of Business

Mailing Address

1455 NW 14 ST  
MIAMI FL 33125

1455 NW 14 ST  
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City, State  
Miami Lakes, FL

City, State  
Miami Lakes, FL

Zip 33014 Country USA

Zip 33014 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/02/2002

5. FEI Number

31-0417927

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	CASTRO, ISAAC	15438 NW 77 Ct.	Miami Lakes, FL 33014
DVS	DIAZ, MABEL	15438 NW 77 Ct.	Miami Lakes, FL 33014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

METSCH, BENJAMIN R  
1455 NW 14 ST  
MIAMI FL 33125

Name

Isaac Castro

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

15438 NW 77 Ct.

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33014

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

REGISTERED AGENT MUST SIGN

Date

01-27-04

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-27-04

CR20040 (7/03)