

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 15 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000111458**

1. Corporation Name

Redlands Pharmacy Inc.

800030397838

03/15/04--01012--003 **900.00

2. Principal Office Address

3. Mailing Office Address

5721 Hallandale Beach Blvd. 5721 Hallandale Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33023

USA

33023.

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-15-2002

5. FEI Number

☒ 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

Stanley Murray

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

5721 Hallandale Beach Blvd suite B4.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023.

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

Stanley Murray Jr.

Date **2-10-2004.**

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
ASTD	Stanley Murray.	5721 Hallandale Beach Blvd Hollywood FL 33023.	Hollywood FL 33023.

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:

Stanley Murray Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2004

Date

954-961-8150.

Daytime Phone #

CR2E081 (01/04)

BS