CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000117615

1. Corporation Name

Priority 1 Pharmacy Corp.

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address	
111 NW Miami Gardens Dr	One Financial Plaza	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
Suite 110	Suite 2600	**4.** Date Incorporated or Qualified To Do Business in Florida 11/1/2002
City & State	City & State	
Miami FL	Ft. lauderdale FL	**5.** FEI Number ✓ Applied For / Not Applicable
Zip 33169	Country U.S.	Zip 33394	Country U.S.	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Lancelot F. James

Street Address (P.O. Box Number is Not Acceptable): One Financial Plaza

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01/05/04--01051--014 **750 00

Suite, Apt. #, Etc.: Suite 2600

City: Ft. Lauderdale   State: FL   Zip Code: 33394

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: November 13, 2003

CR2E081 (10/02)

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
PVST	Lancelot James	Suite 2600, One Financial Plaza	Ft. Lauderdale, FL 33394

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: _____   11/13/2003   954-618-0328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #