

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123605

1. Corporation Name

NEBMED PHARMACY, INC.

Principal Place of Business

7330 14TH ST NE
ST PETERSBURG FL 33702

Mailing Address

7330 14TH ST NE
ST PETERSBURG FL 33702

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

2. New Principal Office Address, If Applicable

2820 Scherer Dr.

Suite, Apt. #, etc.

#220

City & State

St Petersburg FL

Zip

33716

County

Pinellas

3. New Mailing Office Address, If Applicable

2820 Scherer Dr.

Suite, Apt. #, etc.

#220

City & State

St Petersburg FL

Zip

33716

County

Pinellas

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2002

5. FEI Number

743069587

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
P	William Bond	7330 14th St. NE	St. Petersburg FL 33702

308824064423
10/24/03--01014--002 **750.00

8. Name and Address of Current Registered Agent

BOND, WILLIAM
7330 14TH ST NE
ST PETERSBURG FL 33702

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

William Bond
REGISTERED AGENT MUST SIGN

Date

10/1/03

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:

William Bond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/03

Daytime Phone #

7274095218

CR2E040 (7/03)