

Feb 02 06 03:09p

Peter J Frabutt, CPA, PA 239-992-8026

P.2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P03000150161

1. Corporation Name

WOOLLEY'S PHARMACY, INC.

2. Principal Office Address

3761 E. TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City &amp; State

NAPLES, FL

City &amp; State

Florida

Zip

34112-6215

Country

Collier

Zip

34112

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/2003

5. FEI Number

20-0498095

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PETER J. FRABUTT

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

9220 BONITA BEACH ROAD

Suite, Apt. #, Etc.

105

City

BONITA SPRINGS

State

FL

Zip Code

34135

900073507719

05/01/06--01055--022 \*\*\*450.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S.

Signature of  
Registered Agent

Date

2/2/2006

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	PAUL P. CAMMUSO	3761 E. TAMiami TRAIL	NAPLES, FL 34112-6215

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL P. CAMMUSO

2/2/2006

Date

(239) 775-2094

Daytime Phone #

**PETER J. FRABUTT, CPA, P.A.**

**Certified Public Accountant**

**P.O. Box 370  
Bonita Springs, FL 34133**

April 6, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Woolley's Pharmacy, Inc.  
Doc. No. P03000150161  
Letter No. 706A00019909

To Whom It May Concern:

Enclosed is the Corporation Reinstatement form with an original signature as you requested. Also enclosed is check no. 1810 for the amount of \$450.00 in payment of the corporate fee for the years 2004, 2005 and 2006.

The original documents were never received. We therefore are requesting that you waive the reinstatement fee of \$600.00. Please call if you have any questions.

Very truly yours,



Peter J. Frabutt, CPA