

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000027637

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Entity Name:** ALPHA TOUCH PHARMACY, INC.

**Current Principal Place of Business:**

12141 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

12141 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

FEI Number: 20-8554771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYUNGBE, ALBERT  
2967 SW 161 AVENUE  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

ONI, LARRY  
12141 PEMBROKE ROAD  
PEMBROKE, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LARRY ONI

10/28/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ONI, LARRY  
Address: 1851 SW 156 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete  
Name: ONI, ROSELINE  
Address: 1851 SW 156 AVENUE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ONI

P

10/28/2008

Electronic Signature of Signing Officer or Director

Date