


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> FILED 01 AUG 20 AM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # P07284					
1. Corporation Name Insta-Care Pharmacy Services Corporation					
2. Principal Office Address 175 Kelsey Lane Suite, Apt. #, etc.		3. Mailing Office Address 4000 Metropolitan Drive Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 08/26/1985	
City & State Tampa, FL		City & State Orange, CA		5. FEI Number 59-1817412 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip 33619	Country USA	Zip 92868	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road.					
Suite, Apt. #, Etc.					
City Plantation					
State FL					
Zip 33324					
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 <i>[Signature]</i>		M.T. FITZPATRICK ASSISTANT SECRETARY		Date AUG 17 2001	
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		
PCEO	Charles J. Carpenter	175 Kelsey Lane	Tampa, FL 33619		
EVP	Neil F. Dimick	4000 Metropolitan Drive	Orange, CA 92868		
T	Michael Montevideo	4000 Metropolitan Drive	Orange, CA 92868		
Asst Sec	Kent Harms	4000 Metropolitan Drive	Orange, CA 92868		
D	Milan A. Sawdei	4000 Metropolitan Drive	Orange, CA 92868		
<i>[Signature: maw]</i>					
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: <i>[Signature: Kent Harms]</i>		Kent Harms, Assistant Secretary		(714) 385-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Insta-Care Pharmacy Services Corporation

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<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____ 8/20/01 Order#: 4738143

Availability _____

Document _____

Examiner _____ Ref#: _____

Updater _____

Verifier _____

W.P. Verifier _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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DIVISION OF CORPORATION