

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2011 DEC 20 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #P10000073153**

1. Corporation Name

Lily & Rosy Pharmacy Discount Corp.

2. Principal Office Address - No P.O. Box #

4254 W. 12 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Zip

33012

Country

USA

Zip

Country

**REINSTATEMENT**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/2010

5. FEI Number

27-3458373

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ariel Nunez Finaled

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

4254 W. 12 Avenue

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

12/20/11--01007--007 \*\*820.00

800215366388

12/20/11--01007--007 \*\*820.00

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 **December 16, 2011**

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
DPST	Ariel Nunez Finaled	4254 W. 12 Avenue	Hialeah, FL 33012

10. E-mail Address: lilyrosypharmacyd@att.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/2011

(305) 826-9967

Date

Daytime Phone #