

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000071399

**Entity Name:** NATIONWIDE PHARMASTIST CORP.

**FILED**  
**Nov 07, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1011 S.W. 30TH AVE.  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1011 S.W. 30TH AVE.  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 45-2956966      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MOLINARI, PETER  
1011 S.W. 30TH AVE.  
DEERFIELD BEACH, FL 33442 US

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

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: PETER MOLINARI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MOLINARI, PETER  
Address: 1011 S.W. 30TH AVE.  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CFO  
Name: FREDERICK, SCHLOSSER  
Address: 1011 SW 30TH AVE.  
City-St-Zip: DEERFIUELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK SCHLOSSER

Electronic Signature of Signing Officer or Director

CFO

11/07/2013

Date