


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 NOV 15 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P 94000025591</u>					
1. Corporation Name <u>MEADERS PHARMACEUTICAL RETURNS</u>					
2. Principal Office Address <u>168 E. COWPEN LK. PT. RD.</u>			3. Mailing Office Address <u>SAME</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <u>"</u>		
City & State <u>HAWTHORNE, FL</u>			City & State <u>"</u>		
Zip <u>32640</u>	Country <u>PUTMAN</u>	Zip <u>"</u>	Country <u>"</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>11/15/04--01076--010 **608.75</u> <u>06/16/04 90011 093 \$150.00</u>	
5. FEI Number <u>59-323 6861</u>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
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 <u>SHERY A. MEADERS</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>168 E. COWPEN LAKE POINT ROAD</u>					
Suite, Apt. #, Etc.					
City <u>HAWTHORNE</u>				State <u>FL</u>	Zip Code <u>32640</u>
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 <u>Sherry A Meaders</u>				Date <u>11-12-04</u>	
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	
<u>PRES</u>	<u>SHERY A MEADERS</u>	<u>168 E. COWPEN LK PT. RD</u>		<u>HAWTHORNE, FL 32640</u>	
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: <u>Sherry A Meaders</u>				Date <u>11-12-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>352-481 3303</u>	

CR2E081 (01/04)