

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062400

1. Corporation Name

SAN MARTIN'S PHARMACY, INC.

Principal Place of Business

2255 S.W. 22nd AVE.
SUITE #1
MIAMI, FL. 33145

Mailing Address

2255 S.W. 22nd AVE.
SUITE #1
MIAMI, FL. 33145

REINSTATEMENT

96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2255 S.W. 32nd AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33145

Country

3. New Mailing Office Address, If Applicable

2255 S.W. 32nd AVE.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33145

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/94

5. FEI Number

65-0515222

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVD	MERCEDES G. GONZALEZ	1800 S.W. 93rd COURT	MIAMI, FL. 33165

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-12/28/98--01130--019
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

RUDNIKAS, MERCEDES G.
1800 S.W. 93rd CT.
MIAMI, FL. 33165

9. Name and Address of New Registered Agent

Name

GONZALEZ, MERCEDES G.

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

1800 S.W. 93rd COURT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mercedes G. Gonzalez
REGISTERED AGENT MUST SIGN

Date 12/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Mercedes G. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MERCEDES G. GONZALEZ PRES.

12/16/98

Date

Daytime Phone #