

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P94000089393</b>			
1. Corporation Name <b>UNION PHARMACY, INC.</b>			
Principal Place of Business <b>6462 WEST FLAGLER ST MIAMI FL 33144 US</b>		Mailing Address <b>6462 WEST FLAGLER STREET MIAMI FL 33144 US</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>12/09/1994</b>			
5. FEI Number <b>65-0546006</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>			
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
<b>D P</b>	<b>BRANDON, MARIA V</b>	<b>2250 SW 3RD AVE 13770 SW 122 Ct</b>	<b>MIAMI FL 33129 Miami, FL 33186</b>
			<b>300002712299--4 -12/15/98--01016--003 ****758.75 ****758.75</b>
8. Name and Address of Current Registered Agent <b>EFRONSON, SIDNEY 2250 SW 3RD AVE SUITE 100 MIAMI FL 33129</b>		9. Name and Address of New Registered Agent Name <b>MARIA V. BRANDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>13770 SW 122 Ct</b> Suite, Apt. #, Etc. City <b>Miami</b> State <b>FL</b> Zip Code <b>33186</b>	
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 <b>[Signature]</b> <b>NATURE REQUIRED</b> Date <b>12/3/98</b> REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <b>[Signature]</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>12/3/98</b> 305-262-4646 Daytime Phone #	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 98

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