
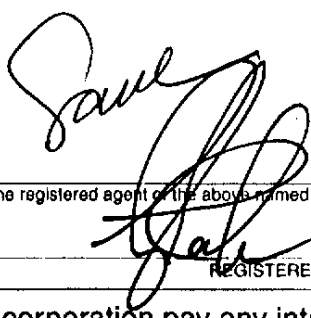
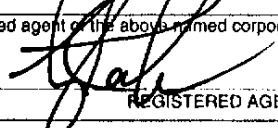
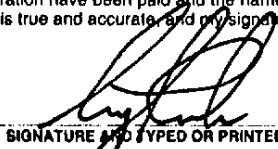


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000012230		FILED 97 JUN 18 AM 9:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name FLORIDA HOME PHARMACY			
Principal Place of Business 3795 WEST 18TH AVE HIACLEAH, FL 33012		Mailing Address	
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 FEB 10-1995	
		5. FEI Number 65-0539339	
		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	ANGEL MORERA	3795 WEST 18TH AVE	HIACLEAH FL 33012
VP	ANGEL MORERA	3795 WEST 18TH AVE	HIACLEAH FL 33012
S	ANGEL MORERA	3795 WEST 18TH AVE	HIACLEAH FL 33012
T	ANGEL MORERA	3795 WEST 18TH AVE	HIACLEAH FL 33012
		200002217522-014 -06/19/97--01098-014 ****792.50 ****792.50	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name ANGEL MORERA	
		Street Address (P.O. Box Number is Not Acceptable) 3795 WEST 18TH AVE	
		Suite, Apt. #, Etc.	
		City HIACLEAH State FL Zip Code 33012	
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		Date	
			
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" 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: 		Date MAY 10 1997 Daytime Phone # 305 552-0536	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			