

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -7 AM 10:56

DOCUMENT # **P95000074173**

1. Corporation Name

IV PHARMACEUTICAL WHOLESALES, INC.

2. Principal Office Address

4101 RAVENSWOOD ROAD

Suite, Apt. #, etc.

SUITE 402

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

3. Mailing Office Address

4101 RAVENSWOOD ROAD

Suite, Apt. #, etc.

SUITE 402

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

9-26-95

5. FEI Number

65-0610456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Broad and Cassel - Bernard M. Cassidy, Esq.

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

500 East Broward Blvd #1130

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33394

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

[Signature]

Date **12/5/00**

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
PSTD	LAWRENCE D. PINKOFF	5721 OAKVIEW BLVD	Hollywood, FL 33312
			700003505807--5 -12/13/00--01057--006 ****758.75 ****758.75
			/ AD

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-2000

Date

(954) 987-6779

Daytime Phone #

CR2E031 (9/99)