

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR -8 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084439

Corporation Name
Professional Pharmaceutical Supply, Inc

Principal Place of Business

Mailing Address

2741A SE Morningside Blvd.
Port St. Lucie, FL
34952

Same

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

REINSTATEMENT

98-99
ad

4. Date Incorporated or Qualified
To Do Business in Florida

10/95

5. FEI Number

65-0624545

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
Mr. Perry Vitale	Perry Vitale	613 SW Branford Rd.	Port St. Lucie, FL 34983
Michael Buller	Michael Buller	534 SE Cliff Rd.	Port St. Lucie, FL 34984

700002806567-3
-03/15/99--01144--002
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Perry Vitale
2827 SE Pace Dr.
Port St. Lucie, FL 34984

9. Name and Address of New Registered Agent

Perry Vitale
Street Address (P.O. Box Number is Not Acceptable)
613 SW Branford Rd.
Suite, Apt. #, Etc.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/19/99

11. This corporation owes 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99 561-337-2249
Date Daytime Phone #

CP2001 (2/98)