

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 -7 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000096357

1. Corporation Name

ADVANCED PHARMACY SERVICES, INC.

Principal Place of Business

Mailing Address

200 S.W. EIGHTH ST., STE. C
OCALA FL 34474

200 S.W. EIGHTH ST., STE. C
OCALA FL 34474

513 SW 1ST AVE

OCALA, FL 34474

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

513 SW 1ST AVE

Same

Suite, Apt. #, etc.
OCALA, FL

Suite, Apt. #, etc.

City & State

City & State

Zip
34474

Country
United States

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PSD	WALTER, KARL	4111 SW 30 CT 714 NE 2ND ST	OCALA FL 34470
VTD	WALTER, ROBERT R	4111 SW 30 CT 714 NE 2ND ST	OCALA FL 34470

000002706720--6
-12/09/98--01007--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTER, KARL

4111 SW 30 CT 714 NE 2ND ST
OCALA FL 34474

OCALA, FL 34470

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

Date 11/1/98

REGISTERED AGENT MUST SIGN

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/1/98

Daytime Phone # 752 690-3004