

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035506

1. Corporation Name

PALM BEACH PHARMACY, INC.

Principal Place of Business

Mailing Address

2011 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

2011 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

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

04/24/1996

5. FEI Number

65-0669370

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	PHIPPS, HUBERT G <i>SOLE DIRECTOR</i> <i>CEO, Secretary</i>	2011 N FLAGLER DR	WEST PALM BEACH FL 33407
P.	MCALISTER, JERRY <i>DELETE</i>	2011 N FLAGLER DR	WEST PALM BEACH FL 33407
VP	WEBMAN, EDWARD <i>DELETE</i>	2011 N. FLAGLER DR	WEST PALM BEACH FL 33407
VP	SHAFFER, STEVEN <i>DELETE</i>	2011 N. FLAGLER DR.	WEST PALM BEACH FL 33407
			500003434285--2 -10/23/00--01004--013 ***1500.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHIPPS, HUBERT G
2011 N. FLAGLER DRIVE
WEST PALM BEACH FL 33407

Name

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

Suite, Apt. #, Etc.

City

Change Address

631 71st Street.

500003434285--2

-10/23/00--01004--014

*MIAMI *****8.75 FL 33407*

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *10/13/00*

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/00

Date

(305) 865-4482

Daytime Phone #

FILED
00 OCT 19 PM 3:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT *100*

CR20040 (8/00)