

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 15 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000035506

1. Corporation Name

Palm Beach Pharmacy, Inc.

2. Principal Office Address

5550 LaGorce Drive

3. Mailing Office Address

Bessemer / 801 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami

Zip

33140

Country

USA

Zip

33131

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

4/24/1996

5. FEI Number

65-0669370

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Phipps, Hubert G., c/o Bessemer Trust

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

801 Brickell Ave.

Suite, Apt. #, Etc.

2250

City

Miami

State

FL

Zip Code

33131

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

Date

Feb 7, 2003

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CST	Hubert G. Phipps	c/o Bessemer / 801 Brickell Ave #2250	Miami, FL 33131

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 7, 2003

Daytime Phone #

CST0201 (10/02)