

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 NOV 17 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000075144**

1. Corporation Name

**CORAL WEST PHARMACY, INC.**

Principal Place of Business

**7253 S.W. 24TH STREET  
MIAMI FL 33155**

Mailing Address

**7253 S.W. 24TH STREET  
MIAMI FL 33155**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/10/1996**

5. FEI Number

**65-0691205**

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
<b>D</b>	<b>BATISTA, NORIEL</b>	<b>7253 S.W. 24TH STREET</b>	<b>MIAMI FL 33155</b>

**2000002350932--4  
-11/18/97--01081--021  
\*\*\*\*165.00 \*\*\*\*165.00**

*11/1/97*

8. Name and Address of Current Registered Agent

**PRAHL, JOHN T  
3251 PONCE DE LEON BLVD. #150  
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name

**NORIE BATISTA**

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

**3301 N.E. 5TH AVE**

Suite, Apt. #, Etc.

**1111**

City

**MIAMI**

State

**FL**

Zip Code

**33127-4024**

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 **11-5-97**

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)(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]*

**NORIE BATISTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-5-97**

Date

Daytime Phone #

CR2E040 (8/97)

*Loral West Pharmacy, Inc  
D/B/A Westchester Pharmacy  
7253 Loral Way  
Miami, Florida 33155*

August 5, 1997

Department of State  
Division of Corporation  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

This letter is to inform your office that I did not receive the annual report for the year 1997. I am enclosing the fee of \$165.00 for the annual report as requested by one of your representatives.

Thank you for your time and cooperation regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Noriel Batista', with a large, stylized initial 'N' and a horizontal line extending to the right.

Noriel Batista  
President