

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 23 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075872

1. Corporation Name

Pharmacy, Inc.

2. Principal Office Address

201 Piedmont E

Suite, Apt. #, etc.

City & State

Del Ray Beach, Florida

Zip

33498

Country

3. Mailing Office Address

3460-B Hampton Road

Suite, Apt. #, etc.

City & State

Oceanside, New York

Zip

11572

Country

**4. Date Incorporated or Qualified
to Do Business in Florida**

9/10/1996

5. Fed Number

650704009

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for Certificate of Status
if not previously obtained

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

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

Jeffrey Feigenbaum

REGISTERED AGENT MUST SIGN

Date

10/18/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D,P	Stuart Meadow	544 Green Place	Woodmere, New York 11598
D,S,T	Jeffery Feigenbaum	879 East 27th Street	Brooklyn, New York 11210

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)(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:

Jeffrey Feigenbaum

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/02

(516) 251-5512

Daytime Phone #