

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 -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300002703959-4
-12/04/98-01113-003



DOCUMENT # P96000076264

1. Corporation Name

RX STAT, INC.

Principal Place of Business

Mailing Address

3350 ULMERTON ROAD
SUITE 3
CLEARWATER FL 34622

10901 D ROOSEVELT BLVD
STE #600
ST PETERSBURG FL 33716
US

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

09/12/1996

5. FEI Number

59-3403446
APPLIED FOR

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
PTD	TEPPER, ARTHUR	12240 BRIGHTWATER BOULEVARD	TAMPA FL 33617
JAPB	JARCZYNSKI, HELEN LEANN	112 MASTERS LANE	SAFETY HARBOR FL 34695
SD	VALENTI, JOSEPH D	2105 S. HESPERIDES	TAMPA FL 33629
P/D	SAM JARCZYNSKI	112 Masters Lane	Safety Harbor FL 34695
S/T	Arthur Tepper	12219 Brightwater Blvd	Tampa FL 33617

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JARCZYNSKI, HELEN LEANN
3350 ULMERTON ROAD
SUITE 17
CLEARWATER FL 34622

Name

SAM JARCZYNSKI

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

3350 Ulmerton Road Suite 3

Suite, Apt. #, Etc.

Suite 3

City

Clearwater

State

FL

Zip Code

33762

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

NOTARIAL SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/1/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 12/1/98

Date

Daytime Phone #

727-572-7595

CR2E040 (9/96)