PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMÉNT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000098631

1. Corporation Name

P.H. PHARMACY SERVICES, INC.

Principal Place of Business

Mailing Address

6734 N.W. 34TH TERRACE GAINESVILLE FL 32653

6734 N.W. 34TH TERRACE GAINESVILLE FL 32653

FILED

99 DEC 21 AM 8: 49

SEGRETARY OF STATE TALLAHASSEE, FLORIDA

If above :	addresses are	incorrect in any way, line t	through incorrect	information a	nd enter correction below.	REINS	STATEMEN	T ac	}	
2. New Pr	rincipal Office A	Address, If Applicable	New Mailing Office Address, If Applicable			4. Date Incom	porated or Qualified	***************************************	•	
Suite, Apt. #, etc. -City & State:			Suite, Apt. #, etc.			12/04/1996				
			City & State	· · · · · · · · · · · · · · · · · · ·	<u> </u>	J. TETTUING	59-3422134		Applied Fo	
Zip Country		Zip		Country	6. CERTIFICAT	CATE OF STATUS DESIRED I				
7. Names	and Street Ad	Idresses of Each Officer a	nd/or Director (FI	orida nonpro	fit corporations must list at i	east 3 directors)	<u> </u>		-	
Title(s)	2	Street Address of Eac Officer and/or Director				City / State / Zip				
PSD	HINSON, F	,	6734 N.W. 34TH TERRACE			GAINESVILLE FL 32653	FL 32653			
VTD	HINSON, WETONIA			6734 N.W. 34TH TERRACE			GAINESVILLE FL 32653			
							nnna118;	 2492		
						<u> </u>	12/29/99- *****750.00		s O	
								.		
8. Name and Address of Current Registered Agent					Name	9. Name and Address of New Registered Agent Name				
HINSON, PRINCE L 6734 N.W. 34TH TERRACE						Street Address (P.O. Box Number is Not Acceptable)				
GAINESVILLE FL 32653					Suite, Apt. #, E					
					City		Stat	e Zip Code		

11.1 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 filling 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 of

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

REGISTERED AGENT MUST SIGN

0006P