

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

①

1997 OCT 28 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P96000101179**

1. Corporation Name

**FLAGLER BEACH PHARMACY, INC.**

Principal Place of Business

411 S. CENTRAL AVENUE  
FLAGLER BEACH FL 32136

Mailing Address

~~411 S. CENTRAL AVENUE~~  
FLAGLER BEACH FL 32136

P.O. Box 250

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

P.O. Box 250

Flagler Beach, Fla.  
32136 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/16/1996

5. FEI Number

59-3419348

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
PSD	BEVEL, JODIE	2 ZAUN COURT	PALM COAST FL 32164
VTD	SAUNDERS-BEVEL, EDNA R	2 ZAUN COURT	PALM COAST FL 32164
			300002334469- - 1 -10/30/97--01116--014 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

TAYLOR, CLIFFORD A ESQ  
507 E. MOODY BLVD.  
BUNNELL FL 32110

9. Name and Address of New Registered Agent

Name

Jodie Bevel

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

2 ZAUN CT

Suite, Apt. #, Etc.

City

Palm Coast

State

Zip Code

FL

32164

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

Jodie Bevel

REGISTERED AGENT MUST SIGN

Date

10/27/97

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:

Jodie Bevel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

904-439-4882

Daytime Phone #

CR25040 (8/97)

2

FLAGLER BEACH PHARMACY  
P.O. BOX, 250  
FLAGLER BCH, FL. 32136

OCTOBER 27TH, 1997

DEPARTMENT OF STATE,  
DIVISION OF CORPORATIONS,  
P.O. BOX 6327,  
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

I RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION OF THE CORPORATION OF FLAGLER BEACH PHARMACY ON SATURDAY OCTOBER 25TH, FOR NOT HAVING FILED THE ANNUAL REPORT AS REQUIRED BY LAW. HOWEVER, I NEVER RECEIVED THE NOTICE BECAUSE THE POST OFFICE DOES NOT DELIVER MAIL TO MY PHYSICAL ADDRESS. ALL CORRESPONDENCE MUST BE SENT TO A P.O. BOX NUMBER.

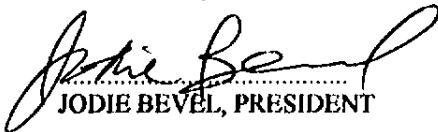
MY MAILING ADDRESS IS:

FLAGLER BEACH PHARMACY INC.  
P.O. BOX, 250  
FLAGLER BEACH, FL. 32136.

I SPOKE TO A REPRESENTATIVE AND SHE REQUESTED THAT I SUBMIT IN WRITING THE CHANGE OF ADDRESS AND TO ALSO ENCLOSE A CHECK FOR \$165.00.

THANK YOU FOR YOUR CO-OPERATION ,

SINCERELY,

  
JODIE BEVEL, PRESIDENT