

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

99-00



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAR 23 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026060

1. Corporation Name

CULLEN HOME HEALTH PHARMACY, INC

2. Principal Office Address

4500 N HIATUS RD #211
SUNRISE FL 33351

3. Mailing Office Address

4500 N HIATUS ROAD #211
SUNRISE FL 33351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

3/97

SP

5. FEI Number

65-0570749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C. MCCORMICK, JR

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

4500 N HIATUS ROAD #211

Suite, Apt. #, Etc.

~~200003187742-4~~

~~03/29/00-01007-008~~

~~***908.75 ***908.75~~

City

SUNRISE

State

FL

Zip Code

33351

8. 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

William C. McCormick Jr.

REGISTERED AGENT MUST SIGN

Date 3-17-00

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
PD	WILLIAM C. MCCORMICK, JR	4500 N HIATUS ROAD #211	SUNRISE, FL 33351

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: William C. McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

954747-7477

Daytime Phone #

CR2E081 (9/99)