

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA000030248740
03/10/04--01078--010 **1200.00

REINSTATEMENT 01-04

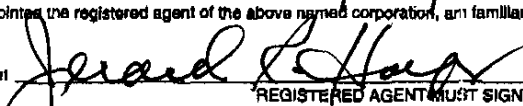
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064287
1. Corporation Name
 MEDICAL ARTS PRESCRIPTION
 PHARMACY, INC.

2. Principal Office Address 43 COLUMBIA STREET		3. Mailing Office Address 43 COLUMBIA STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32806	Country ORANGE	Zip 32806	Country ORANGE

4. Date Incorporated or Qualified To Do Business in Florida 7/1997	
5. FEI Number 59-3459274	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 J. R. HOEFFT, CPA	
Street Address (P.O. Box Number is Not Acceptable) 499 SR 434 N.	
Suite, Apt. #, Etc. 2029	
City Altamonte Springs	State FL
Zip Code 32714	

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 	Date 3/03/04
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	AMAL A. Megazy	605 SWEETWATER CLUB CIR	LONGWOOD, FL 32779

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)(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: 	DATE 11/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone # 407-422-8104

CR2001 (01/04)