

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 DEC 26 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P970000-75215

1. Corporation Name

OMNICARE Services Corporation

2. Principal Office Address

124 Harmon Avenue

3. Mailing Office Address

P.O. Box 1375

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip  
32401

Country

USA

Zip

32402

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/91

5. FEI Number

59-3472635

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

Robert M. Barnes

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

124 Harmon Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

Robert M. Barnes

Date 12-22-01

REGISTERED AGENT MUST SIGN

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
Pres.	Robert M. Barnes	124 Harmon Avenue	Panama City, FL 32402

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:

Robert M. Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-22-01 850-769-2762

Daytime Phone #

CR2001 (8/00)

OMNICARE SERVICES CORPORATION  
POST OFFICE BOX 1375  
124 HARMON AVENUE  
PANAMA CITY, FLORIDA 32405-1375  
850 769 2762

STATE OF FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399  
850 487 6059

**RE: REINSTATEMENT**

TO WHOM IT MAY CONCERN;

I HUMBLY REQUEST REINSTATEMENT OF THE ABOVE NAMED CORPORATION THAT WAS ADMINISTRATIVELY DISSOLVED IN 1999 DUE TO NON FILLING OF THE ANNUAL REPORT.

THE CORPORATION ADDRESS CHANGED IN EARLY 1999 AND THE DIVISION APPARENTLY DID NOT RECEIVE THE NOTICE THAT WAS MAILED TO YOU. APPARENTLY THE ANNUAL INVOICES SENT BY THE DIVISION WERE NOT FORWARDED TO THE NEW ADDRESS AND THEREFORE THE REPORTS WERE NOT FILED.

PLEASE REINSTATE THIS CORPORATION AS PER THE ORIGINAL ARTICLES WITH THE NEW ADDRESS. I ALSO REQUEST WAIVER OF THE PENALTY FEES ASSOCIATED WITH THIS REINSTATEMENT DUE THE REASONS DESCRIBED HEREIN.

I HAVE READ THE INSTRUCTIONS AND NOTED THE FEES LISTED HOWEVER WAS TOLD BY THE EXAMINER I SPOKE WITH THAT THE FEE WOULD BE \$450.00. I THEREFORE HAVE ENCLOSED A CHECK IN THAT AMOUNT.

THANK YOU SINCERELY,



ROBERT M. BARNES, PRESIDENT



ACCOUNT NO. : 072100000032

REFERENCE : 525308 7296601

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 26, 2001

ORDER TIME : 11:04 AM

ORDER NO. : 525308-005

CUSTOMER NO: 7296601

CUSTOMER: Mr. Robert Barnes  
Omnicare Services Corporation  
124 Harmon Avenue

Panama City, FL 32405

DOMESTIC FILINGS

NAME: OMNICARE SERVICES CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
01 DEC 26 PM 12:08  
DIVISION OF CORPORATION