


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

DOCUMENT # P98000005940

1. Corporation Name
ST. ANDREW DRUG COMPANY, INC

2. Principal Office Address
107 Woodward Island
 Suite, Apt. #, etc.

3. Mailing Office Address
107 Woodward Island
 Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State
Clearwater, FL

Zip
33767 Country USA

Zip
33767 Country USA

AND FILED
 01 NOV 13 AM 12:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida
11/20/98

5. FEI Number
59-3495321 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name William M. Blackshear Jr 500004689235-7
 -11/20/01--01047--005
 ****450.00 ****450.00

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

Suite, Apt. #, Etc.

City Clearwater State FL Zip Code 33767

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 M. Blackshear Jr Date 11/8/01
 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
P/C	William M. Blackshear Jr	<u>107 Woodward Island</u> Clearwater FL 33767	<u>Clearwater FL 33767</u>
V/D	Ouida H. Blackshear	<u>1215 West 11th Street</u>	<u>Panama City, FL 32401</u>
S/T/D	Toni Behr	<u>318 Buttonwood Lane</u>	<u>Largo, FL 33770</u>

10. I certify that I am an officer or director of 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 118.07(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 M. Blackshear Jr Date 11/8/01 Daytime Phone # 727-896-8149
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

St. Andrew Drug Company, Inc.

1129 Beck Avenue
Panama City, FL 32401
Business Office: 107 Windward Island
Clearwater, FL 33767

November 8, 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32300

Re: Corporate reinstatement

Dear Sir or Madam:

Pursuant to the instructions I recently received from your office on the telephone, I am submitting the enclosed application for corporate reinstatement for St. Andrew Drug Company, Inc. I have recently discovered that our business was listed as inactive, presumably for not filing annual reports. I would like to request immediate reinstatement of this corporation as active as it has been functioning and paying taxes in the State since its inception. I would also like to request a waiver of penalties for reinstatement since we did not receive any of the annual report forms.

If the forms were indeed mailed to us, I can only assume that they were not forwarded to the business office address noted above. I had written a letter to the Division of Corporations shortly after the inception of the corporation changing the business and mailing address to:

107 Windward Island
Clearwater, FL 33767

Apparently this letter was either not received in the correct office or the information was not recorded. Please make the changes on your records now. The current address and the officers and directors are noted on the application for reinstatement. In accordance with the instructions I received on the telephone, I have also enclosed a check in the amount of \$450.00 as payment of the past fees. Thank you.

Sincerely yours,



William M. Blackshear, Jr.
President

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

St. Andrew Drug Company, Inc

RECEIVED
01 NOV 13 AM 11:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____