

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 3:24

DOCUMENT # **P98000057471**

1. Corporation Name

Infusion Pharmacy Services of South Florida, Inc

2. Principal Office Address

2962 NW 60 St

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

3. Mailing Office Address

2962 NW 60 Street

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33309

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/26/98

5. FEI Number

65-0847741

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

Roy Willoughby

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

2962 NW 60 Street

Suite, Apt. #, Etc.

City

Ft. Lauderdale, FL

State

FL

Zip Code

33309

400003491074-1
-12/07/00-01076-010
******750.00 ****750.00**

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

R. Willoughby

Date **11-15-00**

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	Roy Willoughby	2962 NW 60 Street	Ft. Lauderdale, FL 33309
		B. 12/14	

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:

R. Willoughby

SIGNATURE AND/TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-00

Date

9549172325

Daytime Phone #

CR2E081 (9/99)