

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P98000076297

1. Corporation Name
NATIONWIDE PHARMACEUTICAL SERVICES, INC. 99A

FILED
99 NOV 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6109 7TH AVENUE 6109 7TH AVENUE
NEW PORT RICHEY FL 34653 NEW PORT RICHEY FL 34653



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable #		4. Date Incorporated or Qualified To Do Business in Florida	
		1771 Coachman Plaza Dr 3		09/01/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				593532293	
City & State		City & State		Applied For	
Clearwater FL 33759		Clearwater FL 33759		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
			Pineellas		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	TAYLOR, ANNETTE	6109 7TH AVENUE #3 1771 Coachman Plaza Dr	NEW PORT RICHEY FL 34653 Clearwater FL 33759
			900003050589--6 -11/22/99--01020--020 ****150.00 ****150.00
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, ANNETTE 6109 7TH AVENUE NEW PORT RICHEY FL 34653	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Annette Taylor REGISTERED AGENT MUST SIGN Date: 11-9-99

11. 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: Annette Taylor SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11-9-99 727-669-8187 Daytime Phone #

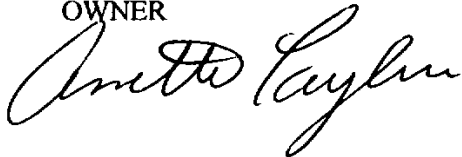
CR2E040 (8/98)

TO WHOM IT MAY CONCERN

PLEASE BE ADVISED THIS IS THE FIRST CORRESPONDENCE I HAVE RECEIVED RE; THIS MATTER.

I SPOKE W/ ONE OF YOUR REPRESENTATIVES ON 11-9-99 @ 9AM . WHO ADVISED ME TO RETURN THE DOCUMENT W/ A CHECK FOR 150.00 AND AN EXPLANATION TO RESOLVE THIS MATTER THANK YOU FOR YOUR COOPERATION.

ANNETTE TAYLOR
OWNER

A handwritten signature in cursive script that reads "Annette Taylor".

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