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CORPORATION REINSTALEMENT DOCUMENT # P9800081229 1. Corporation Name Pharmacy Strategics, Inc. 1. Corporation Name Pharmacy Strategics, Inc. 1. Corporation Name Pharmacy Strategics, Inc. 2. Principal Office Address 16352 Mali bou D Rzi uc Suite, Apt. #, etc. 3. Mailing Office Address 16352 Mali bou D Rzi uc Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida Applied For We STON R To Do Business in Florida Not Applicable 6. Certificate of Status Desired VS - 0806 193 Not Applicable Fig. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sol S. Federal Highway Street Address (P.O. Box Number is Not Acceptable) Sol S. Federal Highway City Holly wood State DISEP - 7 PM 1: 21 SECRETARY UP. STATE Applied For VS - 0806 193 Applied For Not Applicable Fig. State 1. Doll 1536-1080 ******300.00 *******300.00 ******300.00 ******300.00 ******300.00 ******300.00 *******300.00 ******300.00 ******300.00 ******300.00 ******300.00 *******300.00 *******300.00 *******300.00 *******300.00 *******300.00 *******300.00 *******300.00 *******300.00 **********	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
1. Carporation Name Pharmacy Strategies, Inc. 2. Principal Office Address 16 362 Mali boo Diziuc Suite, Apt. #, etc. 3. Mailing Office Address 16 362 Mali boo Diziuc Suite, Apt. #, etc. 4. Date incorporated or Qualified 7 To Do Business in Florida 9/16/1998 City & State We STON R Zip Country 6. CERTIFICATE OF STATUS DESIRED Status For a Certificate of Status Name R Koun (ross, FA C/o Sir Tax Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Holly wood TALEAHASSEE: FE BRIDA A PLANT AND ADDRESSEE: FE BRIDA 4. Date incorporated or Qualified 7 To Do Business in Florida 9/16/1998 4. Date incorporated or Qualified 7 To Do Business in Florida 9/16/1998 4. Date incorporated or Qualified 7 To Do Business in Florida 9/16/1998 5. FEI Number 65 FEI Number 65 Address of Current Registered Agent 100004595841 8. State 87 Country 88 To Address of Current Registered Agent 100004595841 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8. State 87 Country 88 To Address of Current Registered Agent 10000459584 8	Cane he harris STALEME T VION REPORTIONS OI SEP -7 PM 1: 21
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 9/16/1998 City & State We STON R Zip Country Zip Country To Name and Address of Current Registered Agent 10004596841 8 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City & State Suite, Apt. #, Etc. State Suite, Apt. #, Etc. State Sitate Sitate Zip Code FL State Zip Code FL	TAFFAHASSEEFFEURIUA
City & State We STON R Country Count	
City & State We STON PC Zip 3 3326 Country To Name and Address of Current Registered Agent 10004596841-8 Name Nam	4. Date Incorporated or Qualified To Do Business in Florida 9/16/1998
33326 USA 7. Name and Address of Current Registered Agent 10004596841-8 Name -09/18/01-01036-020 R. Kevin (ross, FA Clo Sir Tax ****300.00 *****300.00 Street Address (P.O. Box Number is Not Acceptable) 801 S. Federal Highway Suite, Apt. #, Etc. City Holly Wood State Zip Code FL 33020	ON R 5. FEI Number Applied For Not Applicable
R. Kevin (ross, EA. 70 SIR TAX ****300.00 *****300.00 *****300.00 *****300.00 *****300.00 *****300.00 *****300.00 *****300.00 *****300.00 *****300.00 *****300.00 ******300.00 ******300.00 *****300.00 *******300.00 *******300.00 *******300.00 ********300.00 *******300.00 *******300.00 *******300.00 ********300.00 ********300.00 ********300.00 **********	
Signature of Registered Agent REGISTERED AGENT MUST SIGN	Street Address (P.O. Box Number is Not Acceptable) 801
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	Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip
P Caban, Ana L. 16352 Malibor Drive Weston Fe 33326	Caban, Ana L. 16352 Malibor Drive Weston FC 33326
VP Caban, Luis E 16352 Maibou Drive Weston FL 33326	Caban, Luis E 16352 Maibou Drive Weston FL 33326
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: SIGNATURE SIGNATURE Date Day PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	statement 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 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 application is true and accurate, and my/signature chall have the same legal effect as if made under oath. (305)824-3300 (919)384-4724

Accounting, Consulting, IRS Representation, & Strategic Tax Planning. 801 South Federal Highway • Hollywood, FL 33020 • Telephone (954) 922-1903 • Facsimile (954) 926-6770

Of Counsel:

T- R. Kevin Cross, E.A. & Steven R. Danialson E.A. – are

is enrolled to represent taxpayers before the Internal Revenue Service.

Steven R. Danielson, EA., V- Enrolled Agent, Accountant, Certified Quickbooks, Advisor, & Member NASD & SIPC

July 19, 2001

R. Kevin Cross, E.A.,

🕈 - Enrolled Agent, Accountant ,

Tax Specialist, & Financial

Counselor.

Department of State Division of Corporations 409 East Gaines St Tallahassee, FL 32399

RE: Pharmacy Strategies, Inc.

P98000081229

To Whom It May Concern:

Please find enclosed the renewal for this corporation along with payment for \$300.00 for the years of 2000 and 2001 to bring this corporation back into active status.

Please abate the penalty for filing late as this company did not receive the notices to file as they were being sent to the wrong address. They also relied upon their previously retained accountant to file these reports for them as they did not realize that these needed to be filed upon an annual basis. Upon retaining our services, they are now in the process of bringing their company into compliance with state issues.

Thank you.

Truly yours,

R. Kevin Cross, E.A.

Enrolled Agent, & Tax Specialist.