

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 17 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000006489

**1. Corporation Name**

KINGS POINT COMMUNITY PHARMACY, INC.

500006629525--9

-07/25/02--01002--016

\*\*\*\*900.00 \*\*\*\*900.00

**2. Principal Office Address**

7000 West Atlantic Ave. 7000 West Atlantic Ave.

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Delray Beach, FL

**City & State**

Delray Beach, FL

**Zip**

33446

**Country**

**Zip**

33446

**Country**

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

1/21/1999

**5. FEI Number**

65-0900769

**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**

Donna Gootgeld

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

7000 West Atlantic Avenue

**Suite, Apt. #, Etc.**

**City**

Delray Beach

**State**  
FL

**Zip Code**

33446

**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**

*Donna Gootgeld*  
REGISTERED AGENT MUST SIGN

**Date**

4-24-02

**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
DPV ST	Donna Gootgeld	7000 West Atlantic Ave.	Delray Beach, FL 33446

REINSTATEMENT

01-02

**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:**

*Donna Gootgeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA GOOTGELD, President

4/24/02

**Date**

**Daytime Phone #**

(305) 964-6353