

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 13 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007860

1. Corporation Name

CUT-RATE PHARMACY SOLUTIONS, INC.

2. Principal Office Address

2665 CLEVELAND AVE

Suite, Apt. #, etc.

#204

City & State

FT. MYERS, FLORIDA

Zip

33901

Country

U.S.A.

3. Mailing Office Address

2665 CLEVELAND AVE

Suite, Apt. #, etc.

#204

City & State

FT. MYERS, FLORIDA

Zip

33901

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 27, 1999

5. FEI Number

22-3633788

SP 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

WILLIAM DANLER

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

2665 CLEVELAND AVE

Suite, Apt. #, Etc.

#204

City

FT. MYERS

State
FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

4/10/01

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
PRES	KATHLEEN F. DANLER	1060 NW 95TH AVE PLANTATION, FL 33322	PLANTATION, FL 33322
V.P	WILLIAM DANLER	1060 NW 95TH AVE	PLANTATION, FL 33322
SEC.	CHRISTINE WARD	2717 SW 54TH TERRACE	CAPE CORAL, FL 33914
TREAS.	WILLIAM DANLER	1060 NW 95TH AVE	PLANTATION, FL 33322

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/01

Daytime Phone #

941-344-0144

CR2E081 (9/00)