

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000014682

1. Corporation Name

FEDCO DRUGS, INC.

FILED

00 OCT 19 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2011 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

2011 NORTH FLAGLER DRIVE
WEST PALM BEACH FL 33407

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	MCALISTER, JERRY DELETE	2011 NORTH FLAGLER DRIVE	WEST PALM BEACH FL 33407
D	PHIPPS, HUBERT G Sole Director CEO, Secretary	2011 NORTH FLAGLER DRIVE	WEST PALM BEACH FL 33407
			700003434287--6 -10/23/00--01004--013 ***1500.00 ****750.00
			700003434287--6 -10/23/00--01004--015 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CSC NETWORKS
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

10/19/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) KE
10/13/00 865-4482

CR2ED40 (8/00)