1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 DEC -6 AM 11:02
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000043306

1. Corporation Name

GRANDMA'S COUNTRY PHARMACY, INC.

Principal Place of Business	Mailing Address
11390 E HWY 316 FT MCOY FL 32134	~~11390 E HWY 316~~ ~~FT MCOY FL 32134~~

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. 606 SE Third Ave.
City & State	City & State Ocala, FL
Zip / Country	Zip 34471 / Country USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/10/1999

5. FEI Number: 52-0004367 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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
P	GLORIUS, MARIANNE E	11390 E HWY 316	FT MCOY FL 32134
V	GLORIUS, DAVID V	11390 E HWY 316	FT MCOY FL 32134
S	MORIN, DEBORAH L	11390 E HWY 316	FT MCOY FL 32134

700004745117--7
-12/31/01--01058--012
****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SIEFERT, MICHAEL A 606 SE THIRD AVE OCALA FL 34471	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 _____ Date Nov. 30, 2001
REGISTERED AGENT MUST SIGN

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: _____ Dec. 3, 2001 352-236-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0114101 SP

2012

SIEFERT & SIEFERT, P.A.
ATTORNEYS AT LAW
606 SE THIRD AVENUE
OCALA, FLORIDA 34471

TELEPHONE: (352)732-0141 TELEFAX: (352)732-4295

December 3, 2001

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Katherine Harris, Secretary of State
Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: GRANDMA'S COUNTRY PHARMACY, INC.

Dear Sir/Madam:

I am the Registered Agent for Grandma's Country Pharmacy, Inc., which has received an "Application for Reinstatement" without its Registered Agent, namely myself, ever receiving notification or request for the Annual Report, at 606 SE Third Avenue, Ocala, FL 34471. Notice of Annual Report apparently was mailed to 11390 E. Highway 316, Ft. McCoy, FL 32134, which is the place of business but *not* an adequate mailing address.

Enclosed is a check for $150.00 for the Annual Report fee and Corporate Supplemental Fee.

Sincerely,

MICHAEL A. SIEFERT

MAS:jfs
Enclosures