

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000043306			
1. Corporation Name GRANDMA'S COUNTRY PHARMACY, INC.			
Principal Place of Business 11390 E HWY 316 FT MCOY FL 32134		Mailing Address 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 Michael Siefert 606 SE Third Ave. Deale, FL 34471 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		4. Date Incorporated or Qualified To Do Business In Florida 05/10/1999	
		5. FEI Number 52-0004367	
		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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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
8. Name and Address of Current Registered Agent SIEFERT, MICHAEL A 606 SE THIRD AVE OCALA FL 34471		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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 <i>Michael Siefert</i> 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)(f), 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 <i>[Signature]</i> Date Dec 3, 2001 352-236-0467 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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

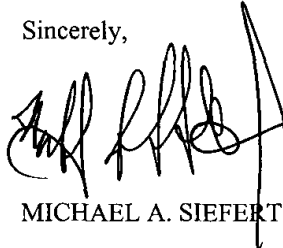
RE: GRANDMA'S COUNTRY PHARMACY, INC.

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