

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 MAY 29 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P990800061636**

1. Corporation Name

Community First Pharmacy Services, Inc.

**HA**

2. Principal Office Address

1330 West Ave

3. Mailing Office Address

1330 West Ave

Suite, Apt. #, etc.

807

Suite, Apt. #, etc.

807

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

US

Zip

33139

Country

US

**2002-2003 UBR**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65 0933248

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

Dr. Susan Solman

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

1330 West Ave

Suite, Apt. #, Etc.

# 807

City

Miami Beach

State

FL

Zip Code

33139

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

*Susan Solman*

REGISTERED AGENT MUST SIGN

Date **5/28/03**

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
P	Dr. Susan Solman	1330 West Ave # 807	Miami Beach, FL 33139

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:

*Susan Solman*

Susan Solman

5/28/03

305-532-6680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

202

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

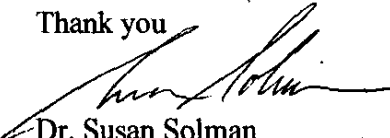
Re: reinstatement , corporation, COMMUNITY FIRST PHARMACY SERVICES INC.

Whomever if may concern;

Previous notices were not received for the past 2 years, please find my application and a check for \$300 for reinstatement.

If you have any questions please feel free to contact me at 305 532 6680.

Thank you



Dr. Susan Solman  
1330 West Ave # 807  
Miami Beach, FL 33139