

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S20746**

1. Corporation Name

BOCA PHARMPAC, INC.

Principal Place of Business

5458 TOWN CENTER RD
7
BOCA RATON FL 33431
US

Mailing Address

6346 - 65 LANTANA RD
27D
LAKE WORTH FL 33463
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1990

5. FEI Number

65-0242848

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)

Title(s)

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

LUMB, WILFRED

5458 TOWN CENTER RD # 7

BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

VANTREESE, JEFFERY W.
515 NORTH FLAGLER
STE 1450
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name

Jeffery W. Van Treese

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

625 N. Flagler Dr.

Suite, Apt. #, Etc.

Suite 600

City

West Palm Beach

State

FL

Zip Code

33401

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/1/02

Daytime Phone #

FILED

02 NOV 12 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300008966773
11/13/02--01047--021 **200.00



CR2ED40 (8/02)

Boca Pharm Pac, Inc.
Accounting Office
6346-65 Lantana Road
PMB 27D
Lake Worth, FL 33463
Phone: (561) 967-0161
Fax: (561) 965-4570

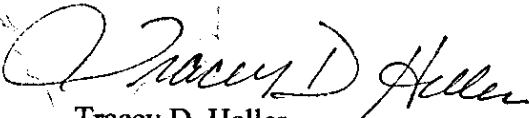
Boca Pharm Pac, Inc.

November 5, 2002

To Whom It May Concern,

The original Corporate Renewal form was sent to you on August 9, 2002 with payment of \$550.00, check number 5589. At this time we are enclosing check number 5613 for the remainder of 200.00 now due in order to reinstate our corporate status.

Thank you.



Tracey D. Heller
Corporate Treasurer